

FILED JAN 1 1945  
Registration District No. **72**

Primary Registration District No. **1000**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Buchanan**  
(b) City or town **St Joseph**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Mo Meth Hosp.**  
(If not in hospital or institution, write street number or location) **0**  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME **Stella Schnaitman**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **George A.** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Feb 26 1874**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **10** Days **0** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **unknown** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **? Hutton**  
13. Birthplace **?** (City, town, or county) (State or foreign country)  
14. Maiden name **? H**  
15. Birthplace **? H** (City, town, or county) (State or foreign country)

16. (a) Informant **Henry Schnaitman**  
(b) Address **St Joseph Mo**

17. (a) **Burial** (b) Date thereof **12-28-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Fleeman & Son Inc**

(b) Address **St Joseph, Mo.**

19. (a) **12-28-44** (b) **Helen J. Peckle**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**  
(c) City or town **St Joseph**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2919 Felix** (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **26**  
year **1944** hour **1** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **Dec 19 1944** to **Dec 26 1944**  
that I last saw him alive on **Dec 26 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Muscular Insuff** Duration **1 week**  
Due to **Heart dis at base** **8 4/2**

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **930**

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **H Hutton** (M. D. or other) **MD**  
Address **St Joseph Mo** Date signed **12-28-44**

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., ~~Registered Apprentice No.~~.....

working under my personal supervision.

Signed.....

*Robert H. Yapple*

Licensed Embalmer No. 3308

P. O. Address.....

*At Joseph, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**