V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1945

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9102

Primary Registration District No. 1000

Registrar's No. 233

11
1
7

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: St Joseph's Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 1610 Francis 7
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Emma C. Hane

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 John Charles

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Oct (Month) 2 (Day) 1882 (Year)

8. AGE: Years 62 Months 4 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Germany 11 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Christopher Winkelmann
13. Birthplace ..... (City, town, or county) Germany 11 (State or foreign country)

MOTHER
14. Maiden name Marie Kruse
15. Birthplace ..... (City, town, or county) Germany 11 (State or foreign country)

16. (a) Informant Mary Jane Hane
(b) Address St Joseph, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-2-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Auburn Cem

18. (a) Signature of funeral director Fleeman & Son Inc
(b) Address St Joseph, Mo

19. (a) 3-2-45 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28
year 1945 hour 11 minute 25 A.M.

21. I hereby certify that I attended the deceased from 1-28-45, 19..., to 2-28, 1945
that I last saw her alive on 2-28-45, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	3 da.
Due to: Chronic myocarditis	2 yr.
Carcinoma of stomach	2 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 46b
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

(a) 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 W. M. Josephson (M.D. or other)

Address Kirkpatrick Bldg. Date signed 4/28/45

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(Licensed Embalmer's Statement on Reverse Side)

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 L Naple

Licensed Embalmer No. 3308

P. O. Address St 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.