

Registration District No. 42

Primary Registration District No. 1000

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:
1106 So. 17th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 56 Years
years, months or days)

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. 1106 So. 17th, St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Leona Kunegunda Reiner

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased November 6 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>4</u>	<u>25</u> hr. min.

9. Birthplace Antrem Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business At Home

MOTHER FATHER
12. Name John Czernicki
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Kunegunda A. Litkivich
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene F. Reiner
(b) Address 1106 So. 17th. St.

17. (a) Burial (b) Date thereof Apr. 2, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herbert J. Schuchman
(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) April 2, 45 (b) Herbert J. Schuchman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1945 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from Dec. 23, 1945 to Mar. 31, 1945
that I last saw her alive on Mar. 23, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 mo
Due to Arteriosclerosis Unknown

Due to.....
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations None
Of autopsy None

Duration
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?
While at work? (Specify type of place) (c) Means of injury.....
Signature John J. Schuchman (M. D. or other)
Address St. Joseph Mo. Date signed 3-31-45

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

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 Keith Collier
Licensed Embalmer No. 3632
P. O. Address St Joseph M

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.