. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23513

FILED AUG 14 1945

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 829

1. PLACE OF DEATH:

(a) County B 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: None 220 Cherokee St. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether

In this community 3yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan 11

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

(d) Street No. 220 Cherokee St. 7 (If rural, give location)

(e) Citizen of foreign country? none (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Juantia Pfeiffer

3. (b) If veteran, name war none

3. (c) Social Security No. 496-10-7073

4. Sex Female 1

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Charles Pfeiffer

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased April 16, 1902 (Month) (Day) (Year)

8. AGE: Years 43 Months 3 Days 16 If less than one day hr. min.

9. Birthplace Arkansas (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housewife & Laborer

11. Industry or business U.S. Quatermaster Sub-Depot

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Charles Pfeiffer
(b) Address 220 Cherokee

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 '45 (Month) (Day) (Year)
(c) Place: burial or cremation GreenCity, MO.

18. (a) Signature of funeral director Rupp Funeral Home
(b) Address 6054 Pryor, St. Joseph, Mo.

19. (a) 7-28-45 (Date received local registrar) (b) Helen J. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July J day 26th year 1945 hour 10 minute 50 P. M.

21. I hereby certify that I attended the deceased from 7/25, 1945, to 7-26, 1945 that I last saw her alive on 7-26, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Angina Pectoris — Duration 2 day

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 94a

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 [signature] (M. D. or other)

Address 234 Jel Ave Date signed 7/26/45

1377 (Licensed Embalmer's Statement on Reverse Side)

AUG 20 1945

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 Mollie E. Sidenfaden Fl

Licensed Embalmer No. 4235

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.