

FILED FEB 11 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 21

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:
2915 Renick Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not
(Specify whether
In this community 35 years
years, months or days)

3. (a) PRINT FULL NAME: Mallie H. Kueker

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

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced. Married /
6. (b) Name of husband or wife: William H. Kueker
6. (c) Age of husband or wife if alive... 65 years
7. Birth date of deceased: May 2 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 8 1 hr. min.

9. Birthplace Hillsboro Texas /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name David Hunt
13. Birthplace Unknown Unknown G
(City, town, or county) (State or foreign country)
14. Maiden name Fannie Boone
15. Birthplace Buchanan County Missouri O
(City, town, or county) (State or foreign country)

16. (a) Informant William H. Kueker
(b) Address 2915 Renick, St. Joseph, Missouri.
17. (a) Burial (b) Date thereof 1/5/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Paragon, St. Joseph, Missouri.

19. (a) Jan 14, 1946 (b) [Signature]
(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. 2915 Renick Street 7
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd.
year 1946 hour 10 minute 00 A. M.

21. I hereby certify that I attended the deceased from Jan 3 1946 to Jan 3 1946;
that I last saw her alive on Jan 3 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio-sclerotic heart disease
Duration ?

Due to Coronary occlusion 1-3-46
Due to

Other conditions: (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations: 97
Of autopsy: 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?

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

23. Signature H. P. Lewis M.D. or other) 1-3-46
Address St. Joseph Mo Date signed

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

154

FEB 19 1947

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..... *Albert C. Harrington*

Licensed Embalmer No..... 3258 Missouri

P. O. Address..... St. Joseph, Missouri.....

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.