

No. 2
1-2-43
5-17-39
X35697

FILED APR 4 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 291

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1614 Rowanah Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community over 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 1614 Rowanah Ave
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE-TENFELDER

3. (b) If veteran, name was no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Audelia

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

7. Birth date of deceased: Dec 8 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 2 Days 29
If less than one day _____ hr. _____ min.

9. Birthplace St. James, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Ret. Engin.

11. Industry or business M. K. Feltz Co.

12. Name George Tenfelder

13. Birthplace Holland, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Garrison

15. Birthplace St. James, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. E. Tenfelder

(b) Address 3118 Lockwood Ave N. Kansas

17. (a) _____ (b) Date thereof March 9 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. James, Mo.

18. (a) Signature of funeral director Altona Funeral Home

(b) Address St. Joseph, Mo.

19. (a) March 11, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1946 hour 12:30 minute P M.

21. I hereby certify that I attended the deceased from March 7th 1946 to _____ 19____

that I last saw him _____ on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to _____

Due to _____

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

Major findings: _____

Of operations: _____

Of autopsy: _____

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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 Coroner

23. Signature B. W. Tadlock (M. D. or other) _____

Address King Hill Bldg Date signed 3/14/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7554

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APR 11 1948

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..... *John Roy Stamer*.....
Licensed Embalmer No. *2435*.....
P. O. Address *St Joseph*.....

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.