

FILED APR 10 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 42

Primary Registration District No. 5134

Registrar's No. 373

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Rural Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. # 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 59 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rural St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Malvina M. Liebscher

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

6. (b) Name of husband or wife Curt. 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Oct. 14 1886
(Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Saxton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Henry Kerber

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

14. Maiden name Ardelia Rejeske

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

16. (a) Informant Edward M. Geis

(b) Address St Joseph, Missouri

17. (a) Burial (b) Date thereof 3-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address St Joseph, Missouri.

19. (a) April 1, 1946 (b) H. J. Nestlebusch
(Date received local registrar) (Registrar's signature) H. J. A.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1946 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from Aug 27
1945 to March 28 1946
that I last saw her alive on March 28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum Duration 9 mo

Due to

Due to

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Stated above
Of operations None
Of autopsy None

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? _____

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

23. Signature Mustar Han (M. D. or other) MD
Address Kirkpatrick Bldg St Joseph Mo Date signed 3-28

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

MOTHER FATHER

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 my

REGISTERED ASSISTANT No.

working under my personal supervision.

Signed

Robert H. Apple

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.