

FILED MAY 8 1946
Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **505**

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:
2410 Ashland Avenue /
(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 29 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. 2410 Ashland Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th.
year 1946 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from
Sept 21 1944 to April 24 1946
that I last saw h. er alive on April 24 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerotic Heart disease
with Coronary Feb.
Due to _____
Duration 2

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy 07

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 Willie C. ... (M. D. or other) 0
Address St. Joseph 8 mo. Date signed 7/25/46

3. (a) PRINT FULL NAME Elizabeth Guyer Scholl

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 C. L. Scholl 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased September 26 1882
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 28 If less than one day hr. min.

9. Birthplace Waverly Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Guyer

13. Birthplace Unknown England 4
(City, town, or county) (State or foreign country)

14. Maiden name Anna A. Kenny

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

16. (a) Informant C. L. Scholl

(b) Address 2410 Ashland Ave., St. Joseph, Missouri

17. (a) Burial (b) Date thereof 4/27/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Hatter Meierhoff

(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) May 1 1946 (b) _____
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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(Licensed Embalmer's Statement on Reverse Side)

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 E. 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.