

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED JUL 9 1946

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **725**

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:
510 No. 13th St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Margretta Clark
3. (b) If veteran, No **3. (c) Social Security name war** No

4. Sex Female **5. Color or race** White
6. (a) Single, widowed, married, divorced, Widowed 2
6. (b) Name of husband or wife Rev. J. Mat Clark
6. (c) Age of husband or wife if alive 10 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>89</u>	<u>1</u>	<u>10</u>	hr. min.

9. Birthplace Unknown Michigan!
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
At home

11. Industry or business
12. Name Hans Rennau
13. Birthplace Unknown Alsac-Lorraine
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Quel
15. Birthplace Unknown Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wava Wolf
(b) Address St. Joseph, Mo.
Removal
17. (a) June 20/46 **(b) Date thereof** June 20/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hamburg, Iowa

18. (a) Signature of funeral director Heaton, Pa. J. & Rowland
(b) Address St. Joseph, Mo.
19. (a) June 25, 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. 510 No. 13th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 20th
 year 1946 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 18 1946 **to** June 20 1946
that I last saw him June 20 1946 **alive on** June 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Astero-sclerosis
Due to 5 yrs.

Due to None
Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Bu

Duration 2 days
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? 5

23. Signature [Signature] **(M. D. or owner)**
Address 280 W. 12th St. **Date signed** 6/20/46

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

10044

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.....

Eugene Wood

Licensed Embalmer No.....

3804

P. O. Address.....

319 1/2 10th 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.