

FILED SEP 16 1946
42
Registration District No.

Primary Registration District No. **1000**

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

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:
716 1/2 North 11th 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 **76 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. **716 1/2 North 11th Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Fredericka Mueller Loss**

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 **Widow** 2

6. (b) Name of husband or wife **Paul Loss** 6. (c) Age of husband or wife if alive **9** years

7. Birth date of deceased **August 9 1847**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
99 0 29 hr. min.

9. Birthplace **Deelsdorff Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Pauline Loss**

(b) Address **716 No. 11th St., St. Joseph, Missouri**

17. (a) **Burial** (b) Date thereof **9/10/1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washland Cemetery**

18. (a) Signature of funeral director **Walter Meierhoffer**

(b) Address **1302 Parson, St. Joseph, Missouri**

19. (a) **Sept. 12, 1946** (b) **R. J. Nestlund**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **8th**
year **1946** hour **1** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **August 12 1946** to **Sept 8 1946**
that I last saw her alive on **Sept 7 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Semility**
Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **162 B**
Of autopsy

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 (c) Means of injury

23. Signature **R. J. Nestlund** (M. D. or other)
Address **King Hill Bldg** Date signed **9/14/46**

Dr. Beck,

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 Robert B. 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.