

FILED SEP 21 1946
42

Registration District No.

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(c) Name of hospital or institution:
In Ambulance enroute to Sister's Hosp
(d) Length of stay: In hospital or institution
In this community few minutes
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan 997
(c) City or town Wathena
(d) Street No. None
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME Leo Luke Studer

3. (b) If veteran, name war No
3. (c) Social Security No. Not stated

4. Sex Male Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dorothy Bell Studer
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased January 11, 1914
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 8 29 hr. min.

9. Birthplace Wathena Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Orchid Owner

11. Industry or business

MOTHER FATHER {
12. Name Paul Studer
13. Birthplace Wathena Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Lydia Ierpel
15. Birthplace St Joseph Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Harold Studer
(b) Address Wathena, Kansas

17. (a) Removal (b) Date thereof 10-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wathena, Kansas

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

19. (a) Oct. 17, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10
year 1946 hour 3 minute P M.
21. I hereby certify that I attended the deceased from
/ Oct 10 1946 to 1946
that I last saw h. alive on 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Mitral Insufficiency Duration

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
- Of operations
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?

While at work? (Specify type of place)
(e) Means of injury
23. Signature B.W. Tadlock (M. D. or other) Coroner 3
Address King Hill Bldg. Date signed 10-10-46

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

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 H. Yape

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.