

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

FILED DEC 9 1946

Registration District No. **42** 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:
2714 Ashland Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Not
 In this community 77 years 10 months 4 days
(Specify whether 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. 2714 Ashland Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ida Elizabeth Trunk
 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
 6. (b) Name of husband or wife Henry Trunk
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 23 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>10</u>	<u>4</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Wernhardt Haefeli
 13. Birthplace Unknown Switzerland
(City, town, or county) (State or foreign country)
 14. Maiden name Katherine Ozenberger
 15. Birthplace Wnesburg Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Miss John Bostrom

(b) Address 2225 Francis St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 11/29/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Hatter Meichoffer

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

19. Dec. 3, 1946 E.B. Jenkins by Joseph Mager
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov day 27
 year 1946 hour 11 30 minute am M.
 21. I hereby certify that I attended the deceased from Oct 16
 1946, to Nov 27, 1946.
 that I last saw her alive on Nov 27, 1946,
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Thrombosis unknown
 Due to Arterio sclerosis Genom 4

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 Walter H. Blair (M. D. or other) Blair
 Address W. B. Jenkins by Joseph Mager Date signed 11/28/46

DEC 16 1940

MAR 20 1947

JAN 20 1941

8461 7 1 TDC

NOV 14 1957

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 R. Hewington*
Licensed Embalmer No. *3256*
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.