

FILED APR 14 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 487

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: Saxton Nursing Home, 2421 Francis St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 yrs. 9 months  
In this community 3 years, 9 months (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. 2421 Francis  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Elizabeth Mable Doane

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 Widowed

6. (b) Name of husband or wife Unknown  
6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased March 27 1872  
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 9  
If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business A t Home

12. Name Peter Weidemaier

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

14. Maiden name Pauline Hahn

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

16. (a) Informant Raymond L. Doane

(b) Address Highland, Kansas

17. (a) Removal (b) Date thereof 4/7/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland, Kansas.

18. (a) Signature of funeral director Heaton-Bowman  
(b) Address St. Joseph, Mo

19. (a) 4-9-47 (b) B. B. Jenkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6  
year 1947 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from April 7th 1947, to April 7th 1947, to  
that I last saw h. alive on April 7th 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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) Means of injury

23. Signature B. B. Jenkins Coroner  
Address KING HILL BLDG (M. D. or other)  
St. Joseph, Mo. Date signed 4/7/47

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**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 Earl Papp.....

Licensed Embalmer No. 23458.....

P. O. Address 2319 S. 10th 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.**