

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7927
Registrar's No. 480

FILED APR 14 1947
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:
St. Josephs Hospital (1)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether
in this community 50 years
years, months or days)

3. (a) PRINT FULL NAME Martha Ann Haefeli

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female / 5. Color or race white

6. (a) Single, widowed, married, divorced, widowed 2

6. (b) Name of husband or wife Albert W. Haefeli

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 28 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<input checked="" type="checkbox"/>	78	1	3	hr. min.
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9. Birthplace Fulton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business at home

MOTHER FATHER

12. Name Cuella Glover

13. Birthplace unknown Texas
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Patton

15. Birthplace unknown Louisiana
(City, town, or county) (State or foreign country)

16. (a) Informant Harry H. Haefeli

(b) Address 1311 Frederick Ave.

17. (a) burial (b) Date thereof 4/3/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Neaton - Bowman

(b) Address St. Joseph, Mo

19. (a) 4-8-47 (b) B. L. Jenkins
(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. 1311 Frederick Ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
year 1947 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 24
1947 to April 1 1947
that I last saw her alive on April 1 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio sclerosis, general

Due to debility

Due to Arterio sclerosis Heart Disease: Auricular fibrillation

Other conditions _____
(Include pregnancy within 3 months of death)

Duration

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? _____

(Specify type of place)
While at work? _____ (e) Means of injury D

23. Signature Louis G. Neudorff (M. D. or other) MD
Address 825 Charles Street Date signed 4/3/47

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, ~~etc.~~.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Eugene Wood*.....

Licensed Embalmer No. *3804*.....

P. O. Address *319 So 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.