

Form No. 2  
MOM-5-43  
Rev. 5-17-39  
I X36871

8018

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 8 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 452

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:  
3518 Messanie St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community 40 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. 3518 Messanie St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \*

3. (a) PRINT FULL NAME Elizabeth Wiedenman

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 Single

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive \* years 14 1865

7. Birth date of deceased April 14 1865  
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 12 If less than one day  
hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business None

12. Name Michael Wiedenman

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

14. Maiden name Katherine Klass

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

16. (a) Informant Mr. George Wiedenman  
(b) Address 3518 Messanie St.

17. (a) Removal (b) Date thereof Mar. 29, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem. (Wathena, Mo.)  
(d) Signature of funeral director Armand W. Siderstedt  
(e) Address 1802 Union St. St. Joseph, Mo.

19. (a) Apr 1, 1947 (b) G. K. Jenkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26  
year 1947 hour 8 minute 00 P.M.

21. I hereby certify that I attended the deceased from March 26  
1947 to March 26 1947  
that I last saw her alive on March 26, 3 PM 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Ateaxi Sclerotic Heart and Sclerotic Heart Disease Also Chronic Nephritis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: Tuberc. Bronch. Pneumonia  
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy no 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? Rs.

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Gordon D. Wright (M. D. or other) MD  
Address 845 S. 14th St. St. Joseph, Mo. Date signed 3/29/47

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

MOTHER FATHER

692

(Licensed Embalmer's Statement on Reverse Side)

**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 *Thomas*

Licensed Embalmer No. *2640*

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.**