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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 2 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

16532

State File No. ....

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 683

**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:  
809 N. Noyes Blv'd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 59 years. (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. 809 N. Noyes Blv'd.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 25 1947  
year 1947 hour 12 minute 05 A. M.

21. I hereby certify that I viewed the deceased from May 26th, 1947, to           , 19          ;  
that I last saw h.            alive on           , 19          ;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

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)..... (c) Means of injury 3

23. Signature B.W. Tadlock Coroner  
(M. D. or other)  
Address WING HILL BLDG Date signed 5/27/47

3. (a) PRINT FULL NAME Magnolia Filer Carder

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, Widow

6. (b) Name of husband or wife Harry M. Carder 6. (c) Age of husband or wife if alive            years

7. Birth date of deceased May 8 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 0 18 hr. min.

9. Birthplace Newton Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business.....

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Marshall L. Carder

(b) Address 2809 Frederick Blv'd., St. Joseph, Mo.

17. (a) Burial (b) Date thereof May 28, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director Walter Newkay

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) May 27, 1947 (b) R. B. Jenkins  
(Date received from registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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

MOTHER FATHER

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.....

.....George Wingbermuehle....., Registered Apprentice No. 508 Missouri  
working under my personal supervision.

Signed Albert C. Harrington

Licensed Embalmer No. 3258 Missouri

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.

*For Embalmer*