No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 11 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23433

Registration District No. 3 42 — Primary Registration District No. 1000 — Registrar's No. 913

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. Joseph's Hosp. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: Life

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.: 1125 Magnolia (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Edna Maiden Kaelson
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: Married
6. (b) Name of husband or wife: Charles A. Kaelson
6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: January (Month) 28 (Day) 1888 (Year)

8. AGE: Years 59 | Months 6 | Days 3 | If less than one day ... hr. ... min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: At home
11. Industry or business: At home
12. Name (Father): Edward Maiden
13. Birthplace (Father): Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name (Mother): Izella Sollars
15. Birthplace (Mother): Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Charles A. Kaelson
(b) Address: St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/2/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Auburn Cemetery
18. (a) Signature of funeral director: Heaton-Bowman
(b) Address: St. Joseph, Mo.
19. (a) 8-6-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1947 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from March 17, 1947 to July 31, 1947 that I last saw her alive on July 31, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Coronary occlusion — Duration
Due to: Hyper tension
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: NO
Of autopsy:

PHYSICIAN — Underline the cause of 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: 0
23. Signature: Louis G. Neudorf M.D. (M.D. or other)
Address: 825 Charles Street St Joseph, Mo. Date signed: 8/5/47

Jefferson City Printing Co. (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 James Hawkins, Registered Apprentice No. 27, working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 3196 10th, St. Joseph

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.