. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 30 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

26832

State File No. .....

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1022

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: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 36 hours (Specify whether years, months or days)
In this community: Lifetime

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.: 2201 Delmar St. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Norma Jean Jahnke
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 .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: March (Month) 28 (Day) 1930 (Year)

8. AGE: Years 17 | Months 4 | Days 22 | 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: Student

MOTHER FATHER
12. Name: William J. Jahnke
13. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Minnie Krummrie
15. Birthplace: St. Joseph, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Franklin P. Jahnke
(b) Address: 811 N. 9th St., St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 23, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1946 Colhoun St., St. Joseph, Mo.
19. (a) 8-28-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 20th year: 1947 hour: 8 minute: 35 P. M.

21. I hereby certify that I attended the deceased from Apr 17, 1947 to Aug 20, 1947 that I last saw her alive on Aug 20, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute hepatitis — or possibly yellow atrophy	1 wk
~~Due to~~ Acute nephritis	1 wk
~~Due to~~ Secondary lues with Condylomata	
Other conditions (Include pregnancy within 3 months of death): Pregnancy — 6 mo	

Major findings:
Of operations: no operation
Of autopsy: no 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 .....

23. Signature: C. A. Grant (M. D. or other) MD
Address: St. Joseph, Mo Date signed: 8-23-47

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Elbert E. Harrington.....

Licensed Embalmer No.....3258 Missouri.....

P. O. Address.....St. Joseph, Missouri.....

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.