

FILED SEP 2 1947  
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Jackson City**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**St. Marys**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 weeks**  
(Specify whether years, months or days) **45 years**

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**

(c) City or town **Jackson City**  
(If outside city or town limits, write "RURAL")

(d) Street No. **2445 McCay**  
(If rural, give location)

(e) Citizen of foreign country? **unknown** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **MRS. JOSEFA WEIDINGER**

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 **divorced**

6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **August 7 1871**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **0** Days **14** If less than one day hr. min.

9. Birthplace **Austria**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business \_\_\_\_\_

12. Name **Not known**

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

14. Maiden name **"**

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

16. (a) Informant **Paul A. Weidinger**

(b) Address **620 W. 40th St**

17. (a) **Burial** (b) Date thereof **Aug 23-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary Cemetery**

18. (a) Signature of funeral director **J. G. Harrison**

(b) Address **2512 Halpin**

19. (a) **8-22-47** (b) **St. Geraldine Holman**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **21**  
year **1945-1947** hour **10:15** minute **A** M.

21. I hereby certify that I attended the deceased from **4 Aug 1947** to **21 Aug 1947**  
that I last saw h. **OK** alive on **21 Aug 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **CARCINOMA OF STOMACH 1 yr. PRIMARY**

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

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

Other conditions **CHOLICYSTITIS & STONE**  
(Include pregnancy within 3 months of death)

Major findings: **410 K**

Of operations \_\_\_\_\_

Of autopsy **CARCINOMA OF STOMACH and EMPYEMA OF GALL BLADDER**

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 **0**

23. Signature **James W. Downey** (M. D. number) \_\_\_\_\_  
Address **800 ARGYLE Bldg. K. C. Mo** Date signed **22 Aug 1947**

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**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..... *P. G. Thiesen*.....  
Licensed Embalmer No..... *2381*.....  
P. O. Address..... *2512 Halms St*.....

**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.**