No. 2
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17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 3 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11583

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 474

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: Mo. Methodist Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 day (Specify whether

In this community: 61 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11

(c) City or town: Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No.: R. F. D. #6 0 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME: Lena Kirschner

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female 1

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married 1

6. (b) Name of husband or wife: Phillip S. Kirschner

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: September (Month) 11 (Day) 1883 (Year)

8. AGE: Years 64 Months 7 Days 14 If less than one day ... hr. ... min.

9. Birthplace: Wilmington (City, town, or county) Deleware (State or foreign country) 1

10. Usual occupation: A t home

11. Industry or business: A t home

FATHER
12. Name: Fred Schneibel
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name: Kathryn Weidman
15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant: Phillip S. Kirschner 1

(b) Address: R. R. #6, St. Jos. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/27/48 (Month) (Day) (Year)

(c) Place: burial or cremation: King Hill Cemetery

18. (a) Signature of funeral director: Heaton-Bowman

(b) Address: St. Joseph, Mo.

19. (a) 4-27-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 242

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1948 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from July 21, 1946 to April 25, 1948, that I last saw her alive on April 24, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Pancreatitis, hemorrhagic

Due to: Chronic Cholecystitis c̄ lithiasis

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 126

Duration

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? 0 (Specify type of place)

While at work (e) Means of injury

23. Signature: Louis G. Neudorff M.D. M. D. or other

Address: 125 Charles St. Date signed: 4/26/48

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.....Eugene Wood.....

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.