

Registration District No. **42**

Primary Registration District No. **1000**

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:
2305 S. 11th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **not** (Specify whether years, months or days)
In this community **25 years.**

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. **2305 S. 11th Street** //
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Walter Kitner**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 0 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mary V. Kitner** 6. (c) Age of husband or wife if alive **73** years
7. Birth date of deceased **August 21 1872**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	75	11	29	hr. min.

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

10. Usual occupation **Retired Box Maker**

11. Industry or business **Armour & Co.**

MOTHER FATHER
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 **Mrs. Mary V. Kitner**

(b) Address **2305 S. 11th St., St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **Aug. 23 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olivet Cemetery**

18. (a) Signature of funeral director **Walter Meierhoffer**

(b) Address **1946 Colburn St., St. Joseph, Mo.**

19. (a) **8-24-48** (b) **H. B. Jenkins**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **20th**
year **1948** hour **11** minute **45 A.M.**

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him **in** alive on **Did not see him alive**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration **8 minutes**
Due to **Arteriosclerosis** years
Due to **Chronic interstitial nephritis** years

Other conditions (Include presence of in 3 months of death)
Directed by Coroner to sign cert. PHYSICIAN
Major findings Of operations _____
Of autopsy **1310**

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) _____ (City or town) (County) (State)
23. Signature **Ernest C. Blomquist** (M.D. or other) **D.O.**
Address **214 Schneider Bldg** Date signed **8/21/48**

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, ~~and~~.....

..... Registered Apprentice No.

working under my personal supervision.

Signed.....

Raymond W. Merck

Licensed Embalmer No. 4413, Missouri

P. O. Address. St. Joseph, Mo.

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

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