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 SEP 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28938

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 966

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Joseph Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Hours (Specify whether
In this community 58Yrs, 4 Mo, 10 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town Route #1 Washington 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 3½ Miles East of St. Joseph
(If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clara H. Kneib
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 Married
6. (b) Name of husband or wife A.J.
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased April 29, 1890 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	58	4	10	hr. min.

9. Birthplace Buchanan County Missouri 11
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name William Betzer 0
13. Birthplace Unknown Unknown 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emma Ozenberger
15. Birthplace Unknown Missouri 0
(City, town, or county) (State or foreign country)
16. (a) Informant Mr. A.J. Kneib
(b) Address Route St. Joseph Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-11-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery
18. (a) Signature of funeral director Herman Wm. Sidenfaden
(b) Address 1802 Union Str, St. Joseph Mo.
19. (a) 9-14-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 9
year 1948 hour 1: minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 8, 7 30 Pm., 1948, to Sept 9, 1948, that I last saw her alive on September 8, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Massive Cerebellar Hemorrhage	1 Day
Due to: Essential Hypertension	7 Yrs. Plus
Due to:	
Other conditions: Coronary Thrombosis & Myocardial Infarction (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 94A
Of autopsy: Cerebellar Hemorrhage, general + Cerebral Arteriosclerosis

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 George W. Forman (M. D. or other)
Address 825 Charles Date signed 9.10.48
St. Joseph, Mo.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) 0

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.....Robert L Yaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, Mo

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

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