

FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7474

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 349

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Doniphan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wathena (Rural) Marion Twp.	
		d. STREET ADDRESS (If rural, give location) 2	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle)	c. (Last) Meidinger	4. DATE OF DEATH (Month) (Day) (Year) March 26, 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov. 17, 1867	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 9	IF UNDER 24 MIN. Hours 	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Wathena, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Peter Groh	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Clarence A. Meidinger
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Howard Meidinger	ADDRESS Wathena, Kansas.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene, Arteriosclerotic Rth Foot		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis General 456 DUE TO (c) Heart Disease, Arteriosclerotic		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-17, 1949, to 3-26, 1949, that I last saw the deceased alive on 3-25, 1949, and that death occurred at 7:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.C. Searns M.D.	23b. ADDRESS 201 PHS Bldg, St. Joseph, Mo	23c. DATE SIGNED 3-28-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/26-49	24c. NAME OF CEMETERY OR CREMATORY Belmont Cemetery	24d. LOCATION (City, town, or county) (State) Wathena, Kansas
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DATE REC'D BY LOCAL REG. April 1, 1949	REGISTRAR'S SIGNATURE E. G. Jenkins	382	FUNERAL DIRECTOR'S SIGNATURE Charles Clark	ADDRESS 120 Illinois Ave. St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Linn

SEP 6 1957

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 B. J. Chaney 294

Student Embalmer No. _____

working under my personal supervision.

Signed... B. J. Chaney
Student Embalmer

Signed Earl Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph, Mo.

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.