

FILED MAR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7507

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>319</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Buchanan</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Buchanan</u>	
c. LENGTH OF STAY (in this place) <u>1 mo 11-12-1849</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		d. STREET ADDRESS (If rural, give location) <u>5505 Do 3rd</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 2</u>							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Temperance</u>	b. (Middle)	c. (Last) <u>Teschner</u>	Month <u>March</u>	Day <u>4</u>	Year <u>1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Jan 12 1864</u>	9. AGE (in years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Eben Ray</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Gertrude Inutt</u>		ADDRESS <u>St. Joseph Mo</u>	
18. CAUSE OF DEATH	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u>						
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES						
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
	DUE TO (b) <u>Arterio sclerosis</u>						
	DUE TO (c)						
	II. OTHER SIGNIFICANT CONDITIONS						
	Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 1</u> , 1949, to <u>March 4</u> , 1949, that I last saw the deceased alive on <u>March 3</u> , 1949, and that death occurred at <u>5:10 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>St. J. O'Connell M.D.</u>			23b. ADDRESS <u>State Hospital #2 St. Joseph, Mo.</u>			23c. DATE SIGNED <u>3-4-1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 7, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>King Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Mar. 22, 1949</u>	REGISTRAR'S SIGNATURE <u>K. B. Jenkins</u>		382	FUNERAL DIRECTOR'S SIGNATURE <u>Gene Clark</u> ADDRESS <u>St. Joseph, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

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, or by _____

B. J. Cheney

Student Embalmer No. *294*

working under my personal supervision.

Student

B. J. Cheney
Student Embalmer

Signed

E. A. Clark

Licensed Embalmer No. *4228*

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.