

FILED NOV 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

33073

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1211

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	
c. LENGTH OF STAY (In this place) <u>3 years</u>		d. STREET ADDRESS (If rural, give location) <u>2003 Mulberry Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2003 Mulberry Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Annie</u> b. (Middle) <u>Margaret</u> c. (Last) <u>Melkeraman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 3, 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Nov. 27, 1862</u>			9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>
11. BIRTHPLACE (State or foreign country) <u>Booneville, Missouri.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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 <u>At home</u>		11. BIRTHPLACE (State or foreign country) <u>Booneville, Missouri.</u>	

13a. FATHER'S NAME <u>Nicholas Kirchner</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>E. R. Melkeraman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> *****		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Monte H. Haller St. Joseph, Mo.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Chronic myocarditis - senility.</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 1929, 1949, to Nov 3, 1949, that I last saw the deceased alive on Nov 3, 1949, and that death occurred at 3:00 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter Reierhoffer</u> (Degree or title)		23b. ADDRESS <u>209-210 Kirkpatrick Bldg St. Joseph Mo.</u>		23c. DATE SIGNED <u>11/7/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov. 3, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Not given</u>	
24d. LOCATION (City, town, or county) (State) <u>Booneville, Missouri.</u>					

DATE REC'D BY LOCAL REG. <u>Nov. 9, 1949</u>		REGISTRAR'S SIGNATURE <u>G. B. Jenkins</u> <u>382</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter Reierhoffer</u> <u>1946 Colhoun St. St. Joseph, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 14 1949

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~~ <sup>or</sup> By \*\*\*\*\*

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Student Embalmer No. \*\*\*\*\*

working under my personal supervision.

Student \*\*\*\*\*  
Student Embalmer

Signed

*Raymond H. Morehead*

Licensed Embalmer No. ~~SR~~ 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.