

FILED FEB 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **3937**BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **181**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) life	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		d. STREET ADDRESS (If rural, give location) 510 South 12th	
d. FULL NAME OF HOSPITAL OR INSTITUTION 510 South 12th		d. STREET ADDRESS (If rural, give location) 510 South 12th	
3. NAME OF DECEASED (Type or Print) a. (First) Katherine b. (Middle) K. c. (Last) Kauffman			4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1950
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 16, 1876
9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 11	IF UNDER 1 RES. Days 26	IF UNDER 1 RES. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Daly		13b. MOTHER'S MAIDEN NAME Freel	14. NAME OF HUSBAND OR WIFE E. F. Kauffman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Kauffman, St. Joseph, Missouri	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial failure INTERVAL BETWEEN ONSET AND DEATH 1 1/2 ANTECEDENT CAUSES DUE TO (b) Chronic myocarditis 3 1/2 DUE TO (c) senility 3 1/2 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 425-2	
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) m.	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 Jan., 1945 , to 2/11 , 19 50 ; that I last saw the deceased alive on 2/11 , 19 50 , and that death occurred at 12:40 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE W. J. Tschaker M.D.		23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 2/13/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/15/1950	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
DATE REC'D BY LOCAL REG. Feb. 16, 1950	REGISTRAR'S SIGNATURE G. B. Jenkins	F. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter Bowman Funeral Home St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

2117

Dr. [unclear]

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Eugene Wood

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th St Jax*

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.