

## STANDARD CERTIFICATE OF DEATH

4893

State File No. ....

FILED MAR 9 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>262</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
a. COUNTY <b>Buchanan</b>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>St. Joseph</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Buchanan</b>			
c. LENGTH OF STAY (in this place) <b>Life</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		d. STREET ADDRESS <b>1715 Elwood St.</b>		<b>0117</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1715 Elwood St.</b>				d. STREET ADDRESS (If rural, give location) <b>1715 Elwood St.</b>					
3. NAME OF DECEASED (Type or Print)		a. (First) <b>PAUL</b>		b. (Middle)		c. (Last) <b>JAHNKE</b>			
4. DATE OF DEATH		(Month) (Day) (Year)		<b>Feb. 20 1953</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 28 1897</b>			
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.		<b>55</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <b>Candy Maker</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Wholesale Candy Manu.</b>		11. BIRTHPLACE (State or foreign country) <b>St. Joseph Missouri</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>				13a. FATHER'S NAME <b>PAUL JAHNKE</b>		13b. MOTHER'S MAIDEN NAME <b>Marie A Jahnke CRANKE</b>			
14. NAME OF HUSBAND OR WIFE <b>Mrs. Lorena Jahnke</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>468-03-1073</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lorena Jahnke</b>				ADDRESS <b>St. Joseph Mo.</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as strangulation, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>Several</b> <b>years</b> <b>Several</b> <b>years</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac insufficiency - acute</b>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Aortic stenosis &amp; insufficiency</b> DUE TO (c) <b>Pneumatic heart disease</b>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>				19a. DATE OF OPERATION <b>3/9/53</b>				19b. MAJOR FINDINGS OF OPERATION <b>411X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21b. ACCIDENT SUICIDE HOMICIDE (Specify)		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 <u>9-15</u> , 19 <u>52</u> , to <u>2-20</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2-19</u> , 19 <u>53</u> , and that death occurred at <u>7:00A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Lucien St. Ide</b>				(Degree or title) <b>MD.</b>		23b. ADDRESS <b>902 Edward St. Joseph</b>			
23c. DATE SIGNED <b>2-20-53</b>				24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 23, 1953</b>			
24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Joseph Missouri</b>		DATE REC'D BY LOCAL REG. <b>Feb. 28, 1953</b>		REGISTRAR'S SIGNATURE <b>Carl C. Casto</b>			
25. FUNERAL DIRECTOR'S SIGNATURE <b>Stamey Funeral Home</b>				ADDRESS <b>St. Joseph Mo.</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

APR 9 1953

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *Charles E. Bennett*

Signed .....  
Student Embalmer

Licensed Embalmer No. *4677*

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.

13 1953

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

4993  
262

State of Mo.  
County of Buch. } ss.

State File No. \_\_\_\_\_  
Local Registrar's No. 262

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 12th day of March, 1953, before me appears Ivan

Jahnke, who, upon his oath, states that the original record of <sup>birth</sup> death  
for Paul Jahnke died Feb. 20, 1953, in the State of  
Missouri, and which was filed at St. Joseph on Feb. 28, 1953, should be corrected as follows:

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. 13a should read Paul Jahnke

Instead of Blank

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. 13b should read Marie A. Crante

Instead of Marie A. Jahnke

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief

(SEAL) Affiant Ivan Jahnke Relationship Son

1715 Edwood St.  
Present Address.

Subscribed and sworn to before me this 12th day of March, 1953

My Commission expires My Commission Expires Nov. 3, 1956  
Larry P. Balemat Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

