

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27796

State File No.

FILED SEP 14 1953

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 971

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) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph.	
c. LENGTH OF STAY (In this place) 68 yrs		0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1715 Elwood Street		d. STREET ADDRESS (If rural, give location) 1715 Elwood Street	

3. NAME OF DECEASED (Type or Print) Marie		a. (First) Anna		b. (Middle) Jahnke		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Aug. 30, 1953		
5. SEX Fem.		6. COLOR OR RACE Wht.		7. MARRIED, NEVER MARRIED, ^o WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 12, 1862		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. 91		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Germany			12. CITIZEN OF WHAT COUNTRY? U. S. A	

13a. FATHER'S NAME Fred Goerke		13b. MOTHER'S MAIDEN NAME Eva Detmore		14. NAME OF HUSBAND OR WIFE Paul Jahnke	
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 Ivan O. Jahnke	
				ADDRESS St. Joseph, Mo.	

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 heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic & Mitral Valvular Disease		INTERVAL BETWEEN ONSET AND DEATH Unknown	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			

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) St. Joseph, Mo.	
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? 4211	

22. I hereby certify that I attended the deceased from 12/26, 1950, to 8/30, 1953 that I last saw the deceased alive on 8/22, 1953, and that death occurred at 12:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Wm. Redmon, M.D.</i>		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 8/31/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 1, 1953		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph Missouri	
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DATE REC'D BY LOCAL REG. Sept 8, 1953		REGISTRAR'S SIGNATURE <i>Katherine M. Allison</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>James Tunnel House</i>		ADDRESS St. Joseph, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

John Roy Stamer
Licensed Embalmer No. *2435*

P. O. Address _____

St Joseph

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.