

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18018

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 732

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Buchanan</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> |  | b. COUNTY <u>Buchanan</u>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> |  | c. CITY OR TOWN <u>St. Joseph</u>  |  | d. Is Residence within limits of a city or incorporated town? Yes <u>8</u> No <u>0</u> |  |
| c. LENGTH OF STAY (in this place) <u>24 yrs</u>  |  | e. STREET ADDRESS (If rural, give location) <u>210 Texas St.</u>   |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vevey Rest Home</u><br><u>214 Texas St.</u>     |  |  |  |  |  |

|                                     |                       |                           |                  |                |                    |
|-------------------------------------|-----------------------|---------------------------|------------------|----------------|--------------------|
| 3. NAME OF DECEASED (Type or Print) |                       |                           | 4. DATE OF DEATH |                |                    |
| a. (First) <u>JOSEPHINE</u>         | b. (Middle) <u>B.</u> | c. (Last) <u>MCKENDRY</u> | (Month) <u>7</u> | (Day) <u>2</u> | (Year) <u>1954</u> |

|                      |                               |   |                                  |   |  |                                      |
|----------------------|-------------------------------|---|----------------------------------|---|--|--------------------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>5-8-1889</u> | 9. AGE (In years last birthday) <u>65</u> | # UNDER 1 YEAR Months _____ Days _____ | # UNDER 1 HR. Hours _____ Min. _____ |
|----------------------|-------------------------------|---|----------------------------------|---|--|--------------------------------------|

|  |   |  |  |
|--|---|--|--|
| 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>Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown, Germany</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA Nat.</u> |
|--|---|--|--|

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME <u>Achim Hachmann</u> | 13b. MOTHER'S MAIDEN NAME <u>Maria Taylor</u> | 14. NAME OF HUSBAND OR WIFE <u>Charles McKendry</u> |
|--|---|---|

|   |  |   |  |
|---|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Charles McKendry</u> | ADDRESS <u>210 Texas St. St. Joseph, Mo.</u> |
|---|--|---|--|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH   |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Hepatic failure</u>  |  |  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u> |  |  |
| 19a. DATE OF OPERATION <u>5/17/54</u>   |   | 19b. MAJOR FINDINGS OF OPERATION <u>carcinoma of the liver</u> | 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) <u>St. Joseph, Buchanan Co. Missouri</u> |
| 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 May 11, 1954, to May 25, 1954, that I last saw the deceased alive on May 25, 1954, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

|   |  |                                |
|---|--|--------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Marion E. Woggoner M.D.</u> | 23b. ADDRESS <u>301 Illinois Ave. St. Joseph</u> | 23c. DATE SIGNED <u>7/5/54</u> |
|---|--|--------------------------------|

|   |                           |  |   |
|---|---------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7-5-1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Public</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u> |
|---|---------------------------|--|---|

|  |  |  |                                |
|--|--|--|--------------------------------|
| DATE REC'D BY LOCAL REG. <u>July 9, 1954</u> | REGISTRAR'S SIGNATURE <u>Ruth M. Allison</u> | 485<br>FUNDRAISER'S SIGNATURE <u>John Rupp</u> | ADDRESS <u>St. Joseph, Mo.</u> |
|--|--|--|--------------------------------|

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

152

get set

STATEMENT BY LICENSED EMBALMER

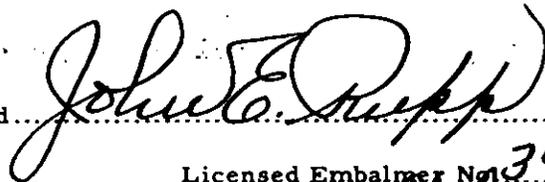
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....



Licensed Embalmer No. 3986

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.