	0.00	04	2	wy Regis	stration D	istrict No.	1000	Registrar's	<b>.</b> 1	361		SIAT	FILE MU		
1	- COUNTY -	uchan	an							-					o before
_	b. CITY (If outside co			HIP only	7	ength of s	tay in 1b	c CUA						lasida	رائستا ۽
	c. FULL NAME OF (If NOT in hospital, give location)					3 wks Town St. Jo			Joseph					Yes 🗆 No 📆	
						- 1		ADDRESS			pive locati	•			
_	M MOITUTITEMI	o.Met	n. Hos	p.		Yes	X No []		R.D	·# 1.				Yes []	1 Mo 63
3	(Type or print)	न	First mmo	,				Lest	4	DATE OF DEATH			Day	1960	Year
5	. SFX			7. Ma	rried P	Never A	larried □		<del>ы  </del> ,	AGE (last b					
_	Female									76 yr	28	Months	Days	Hours	Min
10	. USUAL OCCUPATION	(Give kind o	f work done	10b. KII	(D OF BU	SINESS OF	INDUSTR	11. BIRTHPLAC	E (City			12. CIT	IZEN OF	MHAT C	OUNTRY
	during most of workin HOUS	ewife	if retired)	Hor	ne			Hela	na,					•	
	a. FATHER'S NAME		,		13b. MOT	HER'S MA	IDEN NAM	E							
		_		<u> </u>								•			
15 (Y)	i. WAS DECEASED EVER es. po. or unknown) l(lf	: IN U.S. ARA	MED FORCES? Ir or dates of I	service)	16. SQC										
					-) (6) ***	4.4		0.D.Ga	rpe	nter	St	• 90	seph	, MO	• •
									CIN	ONSET AND DEATH					
		IMMEDIA	ATE CAUSE (a)	Ca	rcino	omato:	sis, g	<u>generalize</u>	d				13	mon	ths_
Adama												اء			
	which go above of stating t	ave rise to cause (a), he under-	•	•	enoca	AFC TH	oma OI	COTOH						year	<u>rs</u>
8		OTHER SIG	SNIFICANT CO	ONDITIO	NS CONT	RIBUTING	TO DEAT	H but not related	to the	e terminal	PART I				male v
ξ		disease con	idition given i	n PAKI I	(a)						İ		<del>- i - i</del>	<del></del>	Unknor
삙	19 WAS AUTOPSY	20a. ACCIDE	NT SUICIDI	Е НОМ	ICIDE	1 20b. DES	CRIBE HOY	W INJURY OCCUR	ED. (Er	nter nature of	iniury in				
- 1	PERFORMED? YES NO														
3	INJURY a.m. p.m.				<u></u>					·					
Man.	20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT V	O ORK	20e. PLACE farm, f	OF INJUI	RY (e.g., reet, offic	in or abou e bldg., e	t home, 2 c.)	of. CITY, TOWN,	OR LO	CATION					STATE
2	21. I attended the deceased from Dec. 11, 1960 to Dec. 27, 1960 and last saw her place on Dec. 26, 1960														
Death occurred at 6:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.															
Li	22a. SIGNATURE		, (Deg	ree or til	le)	_	1	22b. ADDRESS						22t. DA	TE SIGN
Ą	(1.60.	w.	John	iau	1	h S	o i	706 Franc	is	St. Jo	seph	. Mo.	,	12-2	28-60
23	a. BURIAL, CREMATION,	23b. DATE		23c.	NAME O	F CEMETE	Y OR CRE		23d.	LOCATION (	City, town	n, or cour	ıtγ)	(Sta	
1	Burial	12/3	- ,	t	nio	n Sta	ır_		[ Մ	nion S	Star,	Mi:	BBOU.	ri_	
	FUNERAL DIRECTOR			RESS			25. DAT	E RECD. BY LOCAL		26. REGIST					
	A E HELMAN MORE CERTIFICATION 3 L. C.	Registration District Mo.  1. PLACE OF DEATH a. COUNTY B. CITY (If outside cook of the coo	Registration District Mo.  1. PLACE OF DEATH 2. COUNTY  Buchan  b. CITY (If outside corporate limits on the control of the corporate limits on the control of the corporate limits on the corporate li	1. PLACE OF DEATH 2. COUNTY  BUCHANAIN  b. CITY (If outside corporate limits, give TOWNS OR TOWN St. JOSEPH  c. FULL NAME OF (If NOT in hospital, give local HOSPITAL OR INSTITUTION MO. Meth. Hospital, give local White  5. SEX Fomale Frest White  102. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired)  HOUSEWITE  133. FATHER'S NAME  Fred Kuenzi  155. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. Do., or unknown) (If yes, give war or dates of Institution of Units of Institution Given in Above cause (a), stating the underlying cause last. Due To (but above cause (a), stating the underlying cause last. Due To (disease condition given in Juny PERFORMED?  YES NOT HOUSE OF Hour Month, Day, Year Institute AT Work Not While AT WORK 100 PACE 11  20d. INJURY OCCURRED WHILE AT WORK 100 PACE 11  Death occurred at 100 PACE 11  21. I attended the deceased from Dec 11  Death occurred at 100 PACE 11  22s. SIGNATURE (Deg. 11)	1. PLACE OF DEATH  a. COUNTY  Buchanan  b. CITY (if outside corporate limits, give TOWNSHIP only OR TOWN St. JOSeph  c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hosp.  3. NAME OF DECEASED  First  [Type or print]  5. SEX  Female  6. COLOR OR RACE  White  White  10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) HOUSEWITE  13a. FATHER'S NAME  Fred Kuenzi  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, po, or unknown) (If yes, give war or dates of service) NO  18. CAUSE OF DEATH (Enter only one cause per line for (PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  stating the under-lying cause (a), stating the under-lying cause (ast.) USUAL OCCUPRED  YES NO TO  PART II. OTHER SIGNIFICANT CONDITION disease condition given in PART I  20c. TIME OF Hour Month, Day, Year  INJURY  NOT WHILE AT WORK   20c. PLACE OF INJURED FOR WHILE AT WORK   20c. PLACE OF INJURED	1. PLACE OF DEATH  a. COUNTY  Buchanan  b. City (If outside corporate limits, give TOWNSHIP only)  OR  TOWN St. JOSEPh  c. FULL NAME OF (If NOT in hospital, give location)  HOSPITAL OR  INSTITUTION Mo. Meth. Hosp.  3. NAME OF DECEASED  (Type or print)  5. SEX  Female  6. COLOR OR RACE  White  White  Widowed  10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  HOUSEWITE  13a. FATHER'S NAME  Fred Kuenzi  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes po, or unknown) (If yes, give war or dates of service)  NO  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), are part of the underly lying cause last to above cause (a), stating the underlying cause last to above cause (b), stating the underlying cause last to above cause (a), stating the underlying cause last to above cause (a), stating the underlying cause last to above cause (b), stating the underlying cause last to above cause (a), stating the underlying cause last to above cause (b), stating the underlying cause last to above cause (a), stating the underlying cause last to above cause (b), stating the underlying cause last to above cause (b), stating the underlying cause last to above cause (a), stating the underlying cause last to above cause (b), stating the underlying cause last to above cause (c), stating the underlying cause last to above cause (c), stating the underlying cause last to above cause (c), stating the underlying cause last to above cause (c), stating the underlying cause last to above cause (c), stating the underlying cause last to above cause (c), stating the underlying cause last to above cause (c), stating the underlying cause last to above cause (c), stating the underlying cause last to above cause (c), stating the underlying cause last to above cause (c), stating the underlying cause last to above cause (c), stating the underlying cause last to above cause (c), stating the underlying cause last to above cause (c), stating the underlying cause last to above cause (c), stating the un	Registration District No.	Registration District No.	Registration District No.	Registration District No. U42  1. PIACE OF DEATH  a. COUNTY  Buchanan  b. CITY (If outside corporate limits, give TOWNESHIP only)  COUNTY  Buchanan  b. CITY (If outside corporate limits, give TOWNESHIP only)  C. FULL NAME OF (If NOT in hospital, give Nocation)  It limited Limits  C. FULL NAME OF (If NOT in hospital, give Nocation)  It limited Limits  Ves IX No.   C. CITY  ON.  3. MAME OF DECEASED  (If NOT in hospital, give Nocation)  It limited Limits  Ves IX No.   C. CATPONIC R. D.  3. MAME OF DECEASED  (If NOT in hospital, give Nocation)  It limited Limits  Ves IX No.   C. CATPONIC R. D.  3. MAME OF DECEASED  (If Not In hospital, give Nocation)  It limited Limits  Ves IX No.   C. CATPONIC R. D.  3. MAME OF DECEASED  (If Not In hospital, give Nocation)  It limited Limits  Ves IX No.   C. CATPONIC R. D.  C. COLOR OR RACE  Whichwed   Divorced   Divorced   C. CATPONIC R. D.  C. COLOR OR RACE  Whichwed   C. CATPONIC R. D.  C. COLOR OR RACE  Whichwed   C. CATPONIC R. D.  C. COLOR OR RACE  Whichwed   C. COLOR OR RACE  Whichwed   C. CATPONIC R. D.  C. COLOR OR RACE  Whichwed   C. CATPONIC R. D.  C. COLOR OR RACE  Whichwed   C. CATPONIC R. R. D.  C. COLOR OR RACE  Whichwed   C. CATPONIC R. R. D.  C. COLOR OR RACE  Whichwed   C. CATPONIC R. R. D.  C. CATPONIC R. R. D.  C. CATPONIC R. R. R. R. D.  C. CATPONIC	Registration District Me. U42 Primary Registration District Mo. 1000 Registrat Mo. 1301  1. PLACE OF DEATH  a. COUNTY BUChanan  b. CITY (If outside corporate limits, give 1000/RSHIF only)  c. CITY  St. JOBEDN 3 WkB  c. CITY  COUNN St. JOBEDN 3 WkB  c. CITY  TOWN St. JOBEDN 5 WkB  c. CITY  TOWN St. JOBEDN 6 Step in 15  C. CITY  TOWN St. JOBEDN 7 SWkB  c. CITY  TOWN	Registration District No. U42 Priessay Registration District No. 1000 Registrate No. 1001  1. PLACE OF DEATH COUNTY BUChanan STATE Mo STATE Mo COUNTY BUChanan STATE Mo CITY CITY CITY DEATH MASS DECEMBER D (If countide, 1 MSTITUTION MO. Meth. Hosp Make the Mistrict Mo STATE Mo D Horizon Make the Mistrict Mo STATE Mo D The Mistrict Mo STATE Mo D ADDRESS MO	Registration Diorics Mo. 1901  1. PLACE OF DEATH 2. COUNTY BUChanan 3. CIVI (If contaids corporate limits, give location) OWN St. JOSEPh C-FUL INJANE OF (If MOI is hespiria, give location) INSTITUTION Mo.	Registration District No.   1000   Registration District No.   1000   Registrative No.   1000	Department on District No.   Department No.   Departmen

1	hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed b
or by		, Student Embalmer No
working (	under my personal supervision.	
Student		_ Signed Koland Wolark
	Signature of Student Embalmer	1/1/90
•	•	: Licensed Embalmer No. 4477

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.