S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAR 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7150

Registration District No. 403 Primary Registration District No. 4238 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town [illegible]
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 52nd & Blue Ridge
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------- (Specify whether
In this community 60 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town
(If outside city or town limits write "RURAL")

(d) Street No. 52nd & Blue Ridge Blvd.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ------0 years.

3. (a) PRINT FULL NAME Miss Elise Clara Birkenhauer

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ------

6. (c) Age of husband or wife if alive ------ years

7. Birth date of deceased June (Month) 16 (Day) 1866 (Year)

8. AGE: Years 74 Months 6 Days 5 If less than one day hr. min.

9. Birthplace Philadelphia (City, town, or county) / Pennsylvania (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business T. M. James

FATHER
12. Name William Birkenhauer
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Marie Katherine Deissroth
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Marie K. Birkenhauer
(b) Address 52nd & Blue Ridge

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 12-23-40 (Date received local registrar) (b) D M Eubank (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21st year 1940 hour 2 minute 15 A. M.

21. I hereby certify that I attended the deceased from July 31, 1940, to Dec 21, 1940; that I last saw her alive on Aug 30, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma fundus uteri

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operation Carcinoma of fundus uteri (operated Dr C. J. Hunt
~~Of autopsy~~ Aug 16 - '40

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Rowe Davis (M. D. or other) MD
Address 820 Prof Bldg Date signed

(Licensed Embalmer's Statement on Reverse Side)

Unpublished copy

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C 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, above space should be left blank.