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FILED JUN 10 1941

Registration District No. **85**

Primary Registration District No. **5127**

Registrar's No. **500**

1. PLACE OF DEATH:  
 (a) County Buchanan  
 (b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
6521 So. 3rd St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community seven years  
years, months or days)

3. (a) PRINT FULL NAME Carolina Hallauer

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widow

7. (b) Name of husband or wife Rinehard Hallauer 7. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 2, 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>3</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business own home

12. Name Stolzenberger

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name unk

15. Birthplace unk  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frieda Edwards

(b) Address 6521 So. 3rd St.

17. (a) Removal (b) Date thereof May 7, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Powhattan Kansas

18. (a) Signature of funeral director Clark Matney  
(b) Address 5025 King H. 11 Ave.

19. (a) 5/6/41 (b) A. J. Nestlebaum  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 11  
 (a) State Missouri (b) County Buchanan 0  
 (c) City or town St. Joseph 6  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 6521 So. 3rd St.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. Since 1884 (57 0 years)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6  
year 1941 hour 6 minute 45 a.m.

21. I hereby certify that I attended the deceased from April 30, 1941 to May 6, 1941  
that I last saw her alive on May 16, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death, Carcinoma of liver?

Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions Senility  
(Include pregnancy within 3 months of death)

Major findings:  
Of operation Local autopsy of abdomen  
Stomach and other viscera  
normal; Liver as of Carcinoma

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

22. If death was due to external causes, file 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature B. B. Grant (M. D. or other) MD  
Address St. Joseph, MO Date signed 5-6-41

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

MOTHER FATHER

**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, ~~on~~ 5/6/41

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *E. A. Clark*

Licensed Embalmer No. 3476

P. O. Address St. Joseph, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

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