No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1707

Registration District No. 85 | Primary Registration District No. 4001 | Registrar's No. 35

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

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: Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)
In this community 2 Days

2. USUAL RESIDENCE OF DECEASED: 999
(a) State: Kansas (b) County: Doniphan
(c) City or town: Denton
(If outside city or town limits, write "RURAL")
(d) Street No.: Denton, Kansas
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No. years.

3. (a) PRINT FULL NAME: Lucretia August Delzeit
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: Married
6. (b) Name of husband or wife: Charles Delzeit
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: October (Month) 16 (Day) 1881 (Year)

8. AGE: Years 60 | Months 2 | Days 24 | If less than one day hr. min.

9. Birthplace: Leona (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: George Hagge
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
14. Maiden name: Ida Kopplin
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Chas. Delzeit
(b) Address: Denton, Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/10/42. (Month) (Day) (Year)
(c) Place: burial or cremation: Horton, Kansas
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1302 Faraon St. St. Joseph, Mo.
19. (a) 1/10/42 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10 year 1942 hour 12 minute 53 A. M.
21. I hereby certify that I attended the deceased from Jan 8, 1942, to Jan 10, 1942 that I last saw her alive on Jan 10, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Embolism — Duration: 2 days
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): Cancer of Sigmoid
Major findings:
Of operations: –
Of autopsy: – 46

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: [illegible] (M. D. or other) D.O.
Address: 823 Faraon St., St. Joseph Date signed 1-10-42

(Licensed Embalmer's Statement on Reverse Side) MISSOURI.

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 Aby Jester

Licensed Embalmer No. 4154 Missouri

P. O. Address St. Joseph, Missouri.

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.