

FILED MAY 21 1942

Registration District No. 203

Primary Registration District No. 5-2-7

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

1. PLACE OF DEATH: Jackson

(a) County Jackson

(b) City or town Raytown, Mo. *Raytown, Mo. Brookline*
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1 1/2 miles East of Raytown, Mo. *Tel*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 24 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson *JR*

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

(d) Street No. 1 1/2 miles East of Raytown, Mo. *1 1/2*
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Miss Josephine E. Teupe

3. (b) If veteran, name war XX 3. (c) Social Security No. None

4. Sex Fe / 5. Color or race Wh 6. (a) Single, widowed, married, divorced Sgl

6. (b) Name of husband or wife XX 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased February 18 1868
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 18 If less than one day hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd
year 1942 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from 4/28/42 to 5/3/42
1942 1942
that I last saw her alive on 5/3/42
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia
DURATION 6 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 107

9. Birthplace Louisville Ky
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Teupe

13. Birthplace Alsac-Lorraine Ky
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Kortman

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

16. (a) Informant Frank W. Teupe
(b) Address Raytown Mo.

17. (a) Removal (b) Date thereof 4-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisville, Ky.

18. (a) Signature of funeral director J. Wagner
(b) Address Kansas City, Mo.

19. (a) May 4 1942 (b) Mrs. G. E. Sarvin
(Date received local registrar) (Registrar's signature)

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)

White or works _____ of Means of injury _____

23. Signature M. A. O'Neil (M. D. or other health officer)
Address 906 Grand Ave. Demo Date 5/4/42

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..... *A R Haenschel*.....
Licensed Embalmer No..... *4159*.....
P. O. Address..... *A E 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, fact should be so stated above.