

FILED JUN 7 8 1942
Registration District No. **1001**

Primary Registration District No. **1001**

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: **St. Joseph 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) **64 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Doniphan**
(c) City or town **Elwood-R.R.#2 Wathena**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **Yes** (Yes or No)
If yes, name country **Switzerland**

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Louisa Aeschbacher**

20. DATE OF DEATH: Month **May** day **16th**
year **1942** hour **10** minute _____ P. M.

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

21. I hereby certify that I attended the deceased from **on May 18th 1942**
that I last saw **alive** on _____ 19____
and that death occurred on the date and hour stated above.

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

Immediate cause of death **Coronary Embolism** Duration **1 day**

6. (b) Name of husband or wife **Albert** 6. (c) Age of husband or wife if alive **72** years

Due to **Diabetes mellitus** **3 yrs**

7. Birth date of deceased **December 25, 1862**
(Month) (Day) (Year)

8. AGE: **79** Years Months **4** Days **21**
If less than one day hr. min.

Due to _____

9. Birthplace **Bern Switzerland** 5
(City, town, or county) (State or foreign country)

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

10. Usual occupation **Housewife**
home

Major findings: Of operations **61**

11. Industry or business _____

Of autopsy **NO**

12. Name **Chris Tritten**

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

14. Maiden name **Switzerland**

15. Birthplace _____

16. (a) Informant **Albert Aeschbacher**
(b) Address **RR #2 Wathena Mo**

17. (a) _____ (b) Date thereof **5-20-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

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? _____

18. (a) Signature of funeral director **Tracy Barry Funeral Home**
(b) Address **218 South 10th St**

Home _____ (Specify type of place) (e) Means of injury _____
23. Signature **H F Mundy** (M. D. or other) **Coroner**
Address **404 20 3d** Date signed **5/18/42**

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.....

Licensed Embalmer No.....

P. O. Address.....

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.