

FILE NOV 19 1942

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

36197

4163

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 335 So. White 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution: 30 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 335 So. White  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country: ✓

3. (a) PRINT FULL NAME

Elizabeth Birkenhauser

3. (b) If veteran, name war ✓

3. (c) Social Security No. no

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

6. (b) Name of husband or wife Henry Birkenhauser 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased: Jan-1-1860  
 (Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 87 If less than one day ✓ hr. ✓ min.

9. Birthplace: German (City, town, or county) 4 (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: ✓

MOTHER FATHER

12. Name: Unknown  
 13. Birthplace: Unknown (City, town, or county) (State or foreign country)  
 14. Maiden name: Unknown  
 15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Henry J. Ludwig  
 (b) Address: 335 So. White

17. (a) Burial (b) Date thereof: Nov-10-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation: St. Mary's

18. (a) Signature of funeral director: A.P. Doster

(b) Address: 1415 East 15

19. (a) 11-9-42 (b) M. M. Crowe  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8  
 year 1942 hour 8 minute 40 A. M.  
 21. I hereby certify that I attended the deceased from Oct 25-42  
 1942 to Nov 8 1942  
 that I last saw her alive on Oct 7 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage  
 Due to: Arterio Sclerosis General  
 Due to: 830

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

Other conditions: (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations:  
 Of autopsy: no

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?  
 While at work?..... (Specify type of place) (e) Means of injury: 0  
 23. Signature: E. C. Ramsey (M. D. or other).....  
 Address: 311 Wagon Bluff Date signed 11/9/42

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

Angus R. B. P. H. - VI - 1572  
P. O. 4937 Forsyth - HI - 5986

**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 *J. P. Doshler*  
Licensed Embalmer No. 1166-Mo  
P. O. Address 1415 East 15

**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.**