

NOV DEC 9 1942

Registration District No. 169

Primary Registration District No. 4258

Registrar's No. 58

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

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Edina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether)
In this community Life time
years, months or days 1

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Knox
(c) City or town Edina
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 17
year 1942 hour: 1:15 minute A. M.

21. I hereby certify that I attended the deceased from 9-7, 1942 to 11-17, 1942
that I last saw him alive on 11-16, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to CEREBRAL HAEMORRHAGE 2 day
(LEFT CEREBRUM)
Due to ARTERIOSCLEROSIS
(Clinical history) 10 yrs
Other conditions SENILE DEMENTIA 5 mos.
(Includes pregnancy within 3 months of death)

Major findings: _____
Of operations 830
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2
23. Signature Judith T. Schmidt (M. D. or other) P. M., D. O.
Address Edina, MO. Date signed 11-17-42

3. (a) PRINT FULL NAME HELEEN OWEN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race W 6. (a) ~~Single~~, widowed, ~~married~~, divorced 2

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

7. Birth date of deceased DON'T KNOW
(Month) (Day) (Year)

8. AGE: Years 86 Months ✓ Days ✓ If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business JOSEPH KLOTE

12. Name JOSEPH KLOTE

13. Birthplace GERMANY
(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 ROSE MATLOCK
(b) Address EDINA, MO

17. (a) Buried (b) Date thereof Nov 19-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Catholic Cemetery

18. (e) Signature of funeral director Wm Kniefghausser

(b) Address Edina Mo.

19. (a) Nov 19-42 (b) Wille Northcutt
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 10

District File Number 12-42-3083

Date Filed DEC - 7 1942

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Minnesota

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, above space should be left blank.