S. No. 2
DM—5-42
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

40251

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No.

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**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: 2533 South 13th. Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not (Specify whether

In this community 53 years 7 months 5 days years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 2533 South 13th. Street (If rural, give location)

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

If yes, name country O

**3. (a) PRINT FULL NAME** Anna Mae Hans

3. (b) If veteran, name war No

3. (c) Social Security No. 493-18-1670

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Henry Hans

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased May (Month) 20 (Day) 1889 (Year)

8. AGE: Years 53 Months 7 Days 5 If less than one day hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Samuel Balsager
13. Birthplace Buchanan County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Anna Conroy
15. Birthplace Buchanan County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Wm. H. Hans

(b) Address 2533 So. 13th. St., St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-28-1942 (Month) (Day) (Year)

(c) Place; burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 13th. & Faraon St., St. Joseph, Mo

19. (a) 12-28-42 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 25th. year 1942 hour 12:05 minute A. M.

21. I hereby certify that I attended the deceased from Dec 24, 1942 to Dec 24, 1942 that I last saw her alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia. Resulting from Sacked Bowell

Due to Or Bowel obstruction

Due to Contributing Causes near Infected gall

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

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 P. W. Mays (M.D. ~~or other~~)

Address 2801 Renick St Date signed 12-26-42

(Licensed Embalmer's Statement on Reverse Side)

## 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 Geo. E. Lemil

Licensed Embalmer No. 3300 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.**