S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 25 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1591

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 70

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: 1415 Prospect Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 38 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 11

(a) State Missouri (b) County Buchanan 1

(c) City or town St Joseph 7
(If outside city or town limits, write "RURAL")

(d) Street No. 1415 Prospect Ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Susannah Giittinger

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Chales A. Giittinger

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

7. Birth date of deceased July (Month) 15 (Day) 1870 (Year)

8. AGE: Years 72 Months 6 Days 6 If less than one day hr. min.

9. Birthplace (City, town, or county) Nebr. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Samuel J. Ratliff
13. Birthplace (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Mary Swink
15. Birthplace (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Hartlie O. Davis
(b) Address 1415 Prospect Ave.

17. (a) ~~[illegible]~~ Removal (Burial, cremation, or removal) (b) Date thereof 1-23-43 (Month) (Day) (Year)

(c) Place: burial or cremation Thompson Cem. Unionville Mo.

18. (a) Signature of funeral director Fleeman & Son Inc.
(b) Address 1946 Colhoun

19. (a) 1-23-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21
year 1943 hour 4 minute 15 A M.

21. I hereby certify that I attended the deceased from 12-8-40
, 19 , to 1-21- , 19 43
that I last saw her alive on 1-19-43 , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Interstitial Nephritis c̄ Albumen	10 yrs
Due to Diabetes Mellitus	15 yrs
Due to 61	
Other conditions Cirrhosis of Liver (Include pregnancy within 3 months of death)	6 yrs.
arterio sclerosis	

Major findings:
Of operations
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?
(Specify type of place)

While at work? (e) Means of injury 8

23. Signature Dr. Benj M Riles (M. D. or other) DO.
Address 6207 King Hill Date signed 1-22-43

1233

(Licensed Embalmer's Statement on Reverse Side)

JAN 27 1943

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 Robert L Gaple

Licensed Embalmer No. 5308

P. O. Address St Joseph, 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.