S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16909

FILED JUN 7 1943

Registration District No. 1949

Primary Registration District No. 1002

Registrar's No. 2244

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:
1328 Guinotte
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 12 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1328 Guinotte 8
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME August Duchow

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Minnie Duchow

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased 12 (Month) 9 (Day) 1858 (Year)

8. AGE: Years 84 Months 5 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) New York (State or foreign country)

10. Usual occupation Restuarant operator

11. Industry or business _____

FATHER
12. Name Christian Duchow
13. Birthplace _____ (City, town, or county) Prussia (State or foreign country)

MOTHER
14. Maiden name Emily Buntrock
15. Birthplace _____ (City, town, or county) Prussia (State or foreign country)

16. (a) Informant Mrs. Minnie Duchow
(b) Address 1328 Guinotte

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address Kansas City, Missouri

19. (a) 5-15-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th.
year 1943 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 4, 1943, to May 12, 1943
that I last saw him alive on May 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	?
Due to 94a	
Due to	
Other conditions Senility (Include pregnancy within 3 months of death)	

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 _____

23. Signature [signature] (M. D. or other)
Address 2045 Broadway Date signed 5-13-43

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(Licensed Embalmer's Statement on Reverse Side)

Dr. Jaime 2045 Broadway

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 R. W. Runnels,

Licensed Embalmer No. 3860

P. O. Address Kansas City, 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.