

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17377
Registrar's No. 557

FILE JUN 8 1943 42

Registration District No. 42 Primary Registration District No. 1002

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: Rural #1, St. Joseph
(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 65 years 9 months 11 days
years, months or days)

3. (a) PRINT FULL NAME Lillie Ozenberger Courtney

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emmett E. Courtney 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased July 21 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 11 hr. min.

9. Birthplace Buchanan County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Daniel Ozrnberger
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Hassmeyer
15. Birthplace Buchanan County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Emmett E. Courtney
(b) Address Rural #1, St. Joseph, Mo.

17. (a) Burial (b) Date thereof 5-4-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoff

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

19. (a) 5-4-43 (b) Rae Steig
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town Rural #1, St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd
year 1943 hour 5:15 minute A M.

21. I hereby certify that I attended the deceased from April 9 1943 to May 2 1943
that I last saw h. or alive on April 30 1943
and that death occurred on the date and hour stated above

Immediate cause of death Cerebral Hemorrhage 5 days
Cerebral Cerebral Hemorrhage
Due to Cerebral Cerebral Hemorrhage
Due to Cerebral Cerebral Hemorrhage

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)
Infected Abs

Major findings: Of operations 61
Of autopsy 61

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) WU
(b) Date of occurrence WU
(c) Where did injury occur? WU
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? WU (Specify type of place) (e) Means of injury WU
23. Signature WU (M. D. or other) WU
Address WU Date signed 5/3/43

6-21-24

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 Daniel

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.