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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. _____

FILED JUN 30 1943

Registration District No. 149

Primary Registration District No. 1002

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

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:
3932 Highland
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) 60 years (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 3932 Highland
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Julia Oxler

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

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced, Widow

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

7. Birth date of deceased Fe. 11, 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>88</u>	<u>4</u>	<u>0</u>	<u>0</u>	hr. _____ min.

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

10. Usual occupation At home

11. Industry or business _____

12. Name Krissig

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Schindler

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Gus. Oxler

(b) Address 7411 Perm

17. (a) Burial (burial, cremation, or removal) (b) Date thereof 6-14-43
(Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Thos. E. Quirk

(b) Address 4316 Troost Ave

19. (a) 6-13-43 (Date received local Registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 43 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 13 - 43
to June 11, 1943
that I last saw her alive on June 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Aortic incompetency Duration short

Due to Arterio-sclerosis

Due to simply

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____

Of operations 97

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? _____

23. Signature T. E. Brown (Specify type of plate) _____ (or other) _____
Address 409 Corn Date signed June 12 - 43

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 *John E. Jewell*.....

Licensed Embalmer No. *3775*.....

P. O. Address *R. P. 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.