

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20826**
Registrar's No. **629**

FILED JUN 27 1943 42

Primary Registration District No. **7000 5134**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph** Rural #1
(c) Name of hospital or institution:
Rural #1, Frederick Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Not**
In this community **74 years 5 months 23 days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Emma Ozenberger Betzer**

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 **widow**
6. (b) Name of husband or wife **William Betzer** 6. (c) Age of husband or wife if alive **29** years
7. Birth date of deceased **November 29 1868**
(Month) (Day) (Year)

8. AGE: Years **74** Months **5** Days **23** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **Daniel Ozenberger**

12. Name **Daniel Ozenberger**

13. Birthplace **Unknown Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Hessmeyer**

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

16. (a) Informant **Fredericka Betzer**
(b) Address **R.R. #1, St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **5/22/1943**
(Burial, cremation, or reburial) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Auburn Cemetery**

18. (a) Signature of funeral director **Walter Meierhoffer**
(b) Address **13th. & Faxon St., St. Joseph, Mo.**

19. (a) **5-22-43** (b) **Rose Hergatz**
(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. **Frederick Ave. Road**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **O**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **21st.**
year **1943** hour **4:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **5-21-43**
to **5-21-43**, 19_____
that I last saw h. **er.** alive on **5-21-43**, 19_____
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute myocardial infarction 1 hour**

Due to **Chronic myocardial 5 yr. deficiency**
Due to **7**

Other conditions (Include pregnancy within 3 months of death) **93d**

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?

While at work? (Specify type of place) (c) Means of injury **O**

23. Signature **W. M. Luchman M. D.** (M. D. or other)
Address **731 Faxon** Date signed **5-21-43**

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

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. Missouri 3300

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.