

No. 2
-2-43
17-39
X-857

FILED AUG 5 1943 42

Registration District No. 42

Primary Registration District No. 1005

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: Enroute to Mercy Hospital in Ambulance
(d) Length of stay: In hospital or institution _____
In this community over 50 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan
(c) City or town St. Joseph (RURAL)
(d) Street No. RFD # 3
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME W. M. J. KATZMAN

3. (b) If veteran, name war No
3. (c) Social Security No 500-07-1034

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased: Dec 13 (Month) 1874 (Day) (Year)

8. AGE: Years 68 Months 7 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Catchman - Sun Mfg. Co

11. Industry or business _____

12. Name W. M. J. Katzman

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

14. Maiden name _____

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

16. (a) Informant Elizabeth Van Liewe (Katzman)

(b) Address St. Joseph Mo

17. (a) B (b) Date thereof July 26, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cem.

18. (a) Signature of funeral director Tom Stoney

(b) Address St. Joseph Mo.

19. (a) 7-26-43 (Date received local registrar) (b) W. M. J. Katzman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22 year 1943 hour 18:30 minute P. M.

21. I hereby certify that I attended the deceased from July 14 1943, to July 22 1943

(at I last saw him alive on July 14 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Hemorrhage Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature Dr. John Hartsock M. D. or other NO

Address 222-24 Logan Bldg Date signed July 23, 1943

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

W. H. KATZ - 6.12.11

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 Roy Stawney

Licensed Embalmer No.....

24357

P. O. Address.....

St. Joseph 744

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

U. S. G. B. 10.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
UG 5 1943
Registrar's No. 847

Registration District No. 42

Primary Registration District No. 1000

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wm J. Kazman
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 13 1927
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July 2
year 1943 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____;
that I saw him _____ have on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary hemorrhage

8. AGE: Years 68 Months 7 Days _____ If less than one day _____ min.
9. Birthplace _____ (City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business _____
MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)
16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

Duration _____
Due to Malignancy
Due to _____
Other conditions (Include pregnancy within 3 months of death) 47d
Major findings:
Of operations _____
Of autopsy _____
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) (e) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

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

S-24393