

S. No. 2
M-2-43
5-17-39
I X35897

24408

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 717

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 5 1943

Registration District No. 72 Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: 307 Massachusetts
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 years
In this community 26 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 307 Massachusetts
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Daniel Maage
3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive None years
7. Birth date of deceased October 27, 1879
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JUNE day 20
year 1943 hour 12 minute 45 P.M.

8. AGE: Years Months Days If less than one day
63 7 24 hr. min.

21. I hereby certify that I attended the deceased from May 17 1943 to June 20 1943
that I last saw him alive on June 20 1943
and that death occurred on the date and hour stated above.

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

Immediate cause of death Cerebral Hemorrhage Duration 1 hr.
Due to Hypertensive cardiovascular renal disease
Due to Cerebral hemorrhage of the brain May 17, 1943.

10. Usual occupation Bartender
11. Industry or business Harry Fine 415 Illinois

Other conditions (Include emergency within 3 months of death) None
12. Name Charles Maage PHYSICIAN 115

12. Name Charles Maage
13. Birthplace Berlin Germany

Major findings: Impairment steps causing blow from left ear and right shoulder of left eye. Probably basilar skull fracture -
Underline the cause to which death should be charged statistically.

14. Maiden name Henrietta Wilms
15. Birthplace Berlin Germany

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 131
(b) Date of occurrence _____

16. (a) Informant Frances L. Dozer (Sister)
(b) Address 307 Massachusetts St., St. Joseph

17. (a) Removal (b) Date thereof 6/22/43
(c) Place: burial or cremation Mt. Mora Cem, Atchison

(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ., Kansas

18. (a) Signature of funeral director John C. [Signature]
(b) Address 6054 Pryor Ave., St. Joseph, Mo.

While at work? _____ (Specify type of place)
(2) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address St. Joseph, Mo. Date signed 6-24-43

19. (a) 6-22-43 (b) Rose Hergog
(Date received local registrar) (Registrar's signature)

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. Rupp
.....
Licensed Embalmer No. *3986*.....
P. O. Address: *H. Joseph, Ill.*.....

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.