

ED AUG 7 1943 63

Registration District No. 63

Primary Registration District No. 3031

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2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Jefferson
(b) City or town DeSoto Mo.
(c) Name of hospital or institution: 105 E. Kelly 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 31 Years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Theresia Duffner

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife LUCAS DUFFNER 6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased Oct. 15 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 26 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation Housewife

11. Industry or business

12. Name Nathan Kratzel (Dec)

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name M. Kratzel (Kornhaus) 4

15. Birthplace (City, town, or county) (State or foreign country) 4

16. (a) Informant Bern. Duffner (b) Address DeSoto Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation DeSoto Mo.

18. (a) Signature of funeral director Samuel J. Mahm

(b) Address DeSoto Mo.

19. (a) 7-23-43 (b) Sam Spencer (Director received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson 2
(c) City or town DeSoto Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 105 E. Kelly St (If rural, give location)
(e) If foreign born, how long in U. S. A.? 61 Years 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1943 hour 7 AM minute M.

21. I hereby certify that I attended the deceased from Dec. 1941 to July 10, 1943 that I last saw her alive on 7-10 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach

Due to 4-6

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) Manner of injury 0

23. Signature Chas E. Gallet (M. D. or other) 1
Address DeSoto Mo Date signed 7/10/43

Duration 7 yrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

FEB 24 1947

SEP 6 1945

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 *Daniel J. Mahan*
Licensed Embalmer No. 3783
P. O. Address *Moate, 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, above space should be left blank.