

S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1943
199

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37536
Registrar's No. 4797

Registration District No. Primary Registration District No. 1002

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:
K. C. General Hospital No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Minn. (b) County 999
(c) City or town Clara City 91
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME John E. Theissen
(b) If veteran, name war unknown
(c) Social Security No. unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 11th
year 1943 hour 5 minute 15 P.

4. Sex Male 5. Color or race wh
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased unknown
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 7th 1943 to November 11th 1943
that I last saw him alive on November 11th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Diarrhea cause not determined - Malnutrition
Duration

8. AGE: Years Months Days If less than one day
off-58 hr. min.

Due to 1200 2
Due to

9. Birthplace unknown (City, town, or county) (State or foreign country)
10. Usual occupation unknown

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business unknown
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Reard Clark
(b) Address General Hosp
17. (a) burial (b) Date thereof 11/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clara City Minn
18. (a) Signature of funeral director Emo Mayer
(b) Address 2315
19. (a) 11-13-43 (b) J. E. Brown
(Date received local authorities) (Registrar's signature)

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
23. Signature Archie K. Shon (M. D. or other)
Address 1-100 Dir. Gen'l Hosp. Date signed 11-12-43

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

MOTHER FATHER

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..... *Ray E Snow*.....

Licensed Embalmer No. *2560*.....

P. O. Address..... *K O M*.....

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.