

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 17 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 85 ⁹³

Registration District No. 15A Primary Registration District No. 5575

1. PLACE OF DEATH: Jackson
(a) County Kansas County (Rural)
(b) City or town Winnemucca
(c) Name of hospital or institution: 85th Street
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 20 yrs.
In this community 20 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jackson
(c) City or town Kansas County
(d) Street No. 811 Lejeune
(If rural, give location)
(e) Citizen of foreign country? Germany (Yes or No)
If yes, name country Germany

3. (a) PRINT FULL NAME BUODE-OTTO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 26
year 43 hour 10 minute P M.

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

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race Wh
6. (a) Single, widowed, married, divorced single

Immediate cause of death Death from exposure
Duration _____

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

7. Birth date of deceased (Month) (Day) (Year)
8. AGE: 67 Years Months Days If less than one day
hr. min.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 190
99

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

10. Usual occupation Spinal Man

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

11. Industry or business _____

12. Name _____

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 Dr. A. J. Short
(b) Address 811 Lejeune

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director W. J. WARTIS
(b) Address 1212-13

19. (a) 1212-13 (Date received local registrar's certificate) W. J. WARTIS (Registrar's signature)

23. Signature W. J. WARTIS Date signed 11/26/43

Dr. Annie G. Hoopes (Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.