

S. No. 2
M-5-43
7. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2113

State File No.

Registrar's No.

FILED FEB 9 1944
Registration District No. 42

Primary Registration District No. 1000

109

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
39th & Faraon Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) Over Fifty years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Saint Joseph "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No. 39th & Faraon Street
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Lena Hautzenrader

3. (b) If veteran, name war _____

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1944 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from Mar 11 1943
to Jan 27 1944
that I last saw her alive on Jan 27 1944
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband William Hautzenrader

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

7. Birth date of deceased August 10 1861
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion

Due to Acute Myocarditis 10 yr.

8. AGE: Years Months Days If less than one day

82 5 17 hr. min.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name August Gutzman

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

14. Maiden name Unknown Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. E. J. Mueller

(b) Address 39th & Faraon Street

17. (a) Burial (b) Date thereof Jan 29 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Mrs. E. P. Sidenfader

(b) Address 602 So. 10th Street

19. (a) 1-29-44 (b) Ral Hezog
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

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? _____

23. Signature W. M. Toalshausen
Address Westport, Mo. Date signed 1-28

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

MOTHER FATHER

1283

(Licensed Embalmer's Statement on Reverse Side)

St Joseph Mo.

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 *Mollie E. Sidenfaden Troy*

Licensed Embalmer No. *4235*

P. O. Address *St. Joseph, 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, fact should be so stated above.