

FILED JAN 25 1944

State File No.

Registration District No.

Primary Registration District No. 1333

Registrar's No. 7

11
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7

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: State Hosp. #22

(d) Length of stay: 1 year 10 months 9 days

In this community: 1 year 10 months 9 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Jackson

(c) City or town: R. B. (If outside city or town limits, write "RURAL")

(d) Street No.: 3424 Kenwood (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: _____

3. (a) PRINT FULL NAME: MADGE HITCHLER

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 22 year: 1944 hour: 11 minute: 20 A.M.

4. Sex: fem. 5. Color or race: white

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

6. (b) Name of husband or wife: _____

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

7. Birth date of deceased: Nov. 28 1872 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 22 1944 to Jan 22 1944 that I last saw her alive on Jan 22 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion

Duration: 1 day

8. AGE: Years: 71 Months: 1 Days: 4 If less than one day: _____ hr. _____ min.

Due to: ~~Coronary occlusion~~

Due to: _____

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

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: 94a

Of autopsy: _____

10. Usual occupation: Housewife

11. Industry or business: _____

12. Name: John McCray

13. Birthplace: Ireland (City, town, or county) (State or foreign country)

14. Maiden name: Cunningham

15. Birthplace: no record (City, town, or county) (State or foreign country)

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

16. (a) Informant: Etaloph Hitchler (b) Address: 116 Ardmore R. B. Mo.

17. (a) Burial (b) Date thereof: 1-3-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Hill R. G. Mo.

18. (a) Signature of funeral director: Mrs. E. K. Worder (b) Address: 718 Brooklyn Kansas City, Mo.

19. (a) 1-3-44 (b) Rec. Metzger (Date received local registrar) (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) _____

(e) Means of injury: _____

23. Signature: E. H. Magee for Dr. Michael Schaeffer M. D. or other: _____

Address: State Hosp #2 St. Joseph Mo. Date signed: 1-2-44

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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

Ralph M. Runnels

Licensed Embalmer No.

3860

P. O. Address

Kansas City, 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.

*Mrs. C. L. Torster
918 Brooklyn, Kansas City, Mo.*