7. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 1 1944

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. F 21145

Registrar's No. 637

1. PLACE OF DEATH:

(a) County: Buchanan

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

(c) Name of hospital or institution: Missouri Methodist. 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 19 Days. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11

(c) City or town: St. Joseph (If outside city or town limits, write "RURAL") 1

(d) Street No. (If rural, give location) 7

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

If yes, name country: 0

3. (a) PRINT FULL NAME: Anna Prusman.

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female 1

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Aug. 23rd, (Month) (Day) 1874. (Year)

8. AGE: Years 69 Months 10 Days 2 If less than one day hr. min.

9. Birthplace: Maitland (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: House work

11. Industry or business:

FATHER

12. Name: R.G. Metsker.

13. Birthplace: (City, town, or county) Ohio. 1 (State or foreign country)

MOTHER

14. Maiden name: Lucy Roberts.

15. Birthplace: (City, town, or county) Ohio. 1 (State or foreign country)

16. (a) Informant: Wilson Campbell

(b) Address: 2404 Union. St. Joseph Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/27/44 (Month) (Day) (Year)

(c) Place: burial or cremation: Maitland. Mo.

18. (a) Signature of funeral director: W. Campbell

(b) Address: Mound City, Mo.

19. (a) 6/27/44 (Date received by registrar) (b) Helen I. Peckel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 25th. year: 1944. hour: 10 minute: 35 P.M.

21. I hereby certify that I attended the deceased from June - 6, 1944 to June - 23, 1944 that I last saw her alive on June - 25 - 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Haemorrhage	
Due to: Arteio Sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Primary Anemia	

Major findings:
Of operations:
Of autopsy:

83a 1

PHYSICIAN — 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? (Specify type of place)

While at work?

(e) Means of injury: 0

23. Signature: T. Hoerlein (M. D. or other) MD

Address: 6 E 7th Kansas Date signed: 6-27-44

1377

(Licensed Embalmer's Statement on Reverse Side)

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 W. H. Crawford.

Licensed Embalmer No. 1824

P. O. Address Mound 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.