

FILED NOV 14 1944

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 4380

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution St. Lubin's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks
(Specify whether years, months or days)

In this community 6 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Kans (b) County Wynona

(c) City or town Vermillion - Rural
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Theresa Hauerkamp

3. (b) If veteran, name war -no

3. (c) Social Security No. none

4. Sex Female

5. Color or race wh

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

6. (b) Name of husband or wife August Hauerkamp

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July 28 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>3</u>	<u>2</u>	hr. min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Henry Mauck

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

14. Maiden name Theresa Thigpen

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

16. (a) Informant Aug Hauerkamp

(b) Address Vermillion Kans

(b) Date thereof Nov 2-44
(Month) (Day) (Year)

(c) Place: burial or cremation Seneca Kans

18. (a) Signature of funeral director Farr Deethy-Werner

(b) Address Jackson City, Kans.

19. (a) 10-31-44 (Date received local registrar)

(b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30
year 44 hour 8:22 minute P. M.

21. I hereby certify that I attended the deceased from 9/17/44
1944 to 10/30 1944

that I last saw her alive on 10/30 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myelogenous Leukemia

Duration 10 weeks

Due to myel

Due to _____

Other conditions Cholelithiasis & Common duct obstruction
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy As above

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 Donald P. Brown, M.D. (M. D. or other)

Address 1124 N. 1st St. K City, Mo Date signed 10/29/44

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

MOTHER FATHER

Removal

999

14

5

P.

9/17/44

1944

10/30

1944

10 weeks

myel

As above

Cholelithiasis & Common duct obstruction

Of operations

Of autopsy

As above

Donald P. Brown, M.D.

1124 N. 1st St. K City, Mo

10/29/44

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 Augustus C. Werner

Licensed Embalmer No. 2597

P. O. Address Fairweather Werner

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.

Mortuary
1734 Washington Blvd.
K. C. Kan