

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 21 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33705

Registration District No. 42

Primary Registration District No. 1500

Registrar's No. 1021

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)
In this community 1 Day

3. (a) PRINT FULL NAME

ELA. MAE HAUPT.

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

3. (c) Social Security
No. none

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased September 6 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 1 5 hr. min.

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

10. Usual occupation Infant

11. Industry or business

12. Name Harry Haupt

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

14. Maiden name Emma Shusky

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

16. (a) Informant Emma Shusky

(b) Address Wathena Kans

17. (a) Removal (b) Date thereof 10-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wathena Kans

18. (a) Signature of funeral director Walter Meierhoff

(b) Address St. Joseph, Mo

19. (a) 10-11-44 (b) Walter Meierhoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 1/2 m. N. W. Wathena
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month 10 day 11
year 1944 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from 10-11-44
10- 1944 to 10-11- 1944
that I last saw her alive on 10-11- 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Tetanus

Due to injured index finger of left hand

Due to

Other conditions 12
(Include pregnancy within 3 months of death)

Major findings:
Of operations -

Of autopsy -

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 9-30-44

(c) Where did injury occur? Kans.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm, hauling corn shells
While at work? - (e) Means of injury -

23. Signature Dr. W. S. Shultz (M. D. or other) D.O.
Address 873 Union Date signed 10-11-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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..... *H. Dadds*

Licensed Embalmer No. *Mo 3023*

P. O. Address *Wathena, Kans.*

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.