

FILED NOV 2 1944

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **1071**

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 Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 days**
In this community **40 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(If outside city or town limits, write "RURAL.")
(d) Street No. **3 2619 Jule Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Leon Hertzell**

3. (b) If veteran, name war **World War #1**
3. (c) Social Security No. **491-09-1659**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Christine T. Hertzell**
6. (c) Age of husband or wife if alive **46** years
7. Birth date of deceased **June 13 1894**
(Month) (Day) (Year)

8. AGE: Years **50** Months **4** Days **11** If less than one day hr. min.

9. Birthplace **Sutton Nebraska**
(City, town, or county) (State or foreign country)

10. Usual occupation **Telegraph Operator**

11. Industry or business **Western Union**

12. Name **Jacob J. Hertzell**
13. Birthplace **Unknown Germany 4**
(City, town, or county) (State or foreign country)
14. Maiden name **Rose Bower**
15. Birthplace **Unknown Germany 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Christine J. Hertzell**

(b) Address **2619 Jule St., St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **10/26/1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Weatherby, Cemetery**

18. (a) Signature of funeral director **Halter Meierhoffer**

(b) Address **1302 Farnon St. Joseph, Mo.**

19. (a) **10-26-44** (b) **Edna J. Pucke**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **24th.**
year **1944** hour **7** minut **35 A.** M.

21. I hereby certify that I attended the deceased from **Oct. 18 44** to **October 24 44**
that I last saw him alive on **Oct. 23, 1944.**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia**

Due to **Virus**

Due to

Other conditions **Diabetes Mellitus**
(Include pregnancy within 3 months of death)

Heart Disease, arterioscleroti

Major findings: **PHYSICIAN**

Of operations

Of autopsy

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 **W. C. ...**

Address **St. Joseph, Mo.** Date signed **10-24-44**

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

MOTHER FATHER

1377

NOV 16 1944

NOV 3 1944

NOV 29 1944

NOV 10 1945

NOV 17 1945

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..... *Albert C. Harrington*
Licensed Embalmer No. *3258 Mo.*
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.