

No. 2
M-2-43
5-17-39
1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36948

State File No. _____

FILED DEC 9 1944
49

Primary Registration District No. 1002

Registrar's No. 4846

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Devine Bros. Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether)

In this community 5 days - (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 97

(c) City or town Jopoka 14
(If outside city or town limits, write "RURAL")

(d) Street No. 714 52nd view
(If rural, give location)

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

3. (a) PRINT FULL NAME ELIZABETH CLEMANTINE UNTERNAHER

3. (b) If veteran, name war OWO

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 year 1944 hour 5:29 minute P. M.

21. I hereby certify that I attended the deceased from Aug 30 1944 to Dec 30 1944 that I last saw her alive on Dec 30 1944 and that death occurred on the date and hour stated above.

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

7. (b) Name of husband or wife Jacob A. Unterhaker (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Feb 34 1869
(Month) (Day) (Year)

Immediate cause of death acute endocarditis Duration 4 days

Due to obstruction of bowel - 8 days

Due to strictures of colon - also chronic myocarditis

Other conditions general debility of old age
(Include pregnancy within 3 months of death)

8. AGE: Years 75 Months 9 Days 6 If less than one day
hr. min.

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

10. Usual occupation at home at home

Major findings:
Of operations _____
Of autopsy 932

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Edward Flinn

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

14. Maiden name Emaline Leckhart

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

16. (a) Informant Tha Laura D. Smiley

(b) Address 714 Grandview, Jopoka, Mo.

17. (a) Burial (b) Date thereof 12-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jopoka, Mo.

18. (a) Signature of funeral director J. G. Freeman

(b) Address 104 West 42nd

19. (a) 12-1-44 (b) N. E. Brown
(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 2

23. Signature L. V. Devine (M. D. or other) D.O.
Address 918 Oak, KCB Mo Date signed 12-1-44

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

APR 2 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.....

Licensed Embalmer No.....

P. O. Address.....

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.