

FILED DEC 27 1944

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1382

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

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:
2920 Penn St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks
(Specify whether
In this community 45 years
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. 5919 King Hill Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Carrie Teschner

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Paul 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased July 29, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 4 13 hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business Home

MOTHER FATHER
12. Name Frederick Smith
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Patton
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Teschner (Son)

(b) Address 5919 King Hill Ave., City

17. (a) Burial (b) Date thereof 12/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director John C. [Signature]
(b) Address 6054 Pryor Ave., City

19. (a) 12-14-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12,
year 1944 hour 3 minute 45: P.M.

21. I hereby certify that I attended the deceased from
Oct. 18, 1944 to Dec. 12, 1944
that I last saw her alive on Dec. 11, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Mitral Insufficiency Duration 10yrs.

Due to gall
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy
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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature J.R. Elliott (M. D. or other) M.D.
Address 801 Francis, St. Joseph, Mo. Date signed 12/15/44

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, ~~only~~.....

....., Registered Apprentice No.
working under my personal supervision.

Signed *John E. Rupp*.....
Licensed Embalmer No. *3986*.....
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.