

FILED FEB 13 1945

Registration District No. 146

Primary Registration District No. 3026

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Independence, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Independence Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 19 Day's  
(Specify whether \_\_\_\_\_)  
In this community 28 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 47  
(c) City or town Independence Rural 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. 1406 Hedges  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELIZABETH LIZZIES. HUNZE  
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 \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 13 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 9 5 hr. min.

9. Birthplace Lafayette Co. Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name John Henry Ehlers  
13. Birthplace Holland Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Joe Ann Mier  
15. Birthplace Holland Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Chas. Hunze  
(b) Address 1406 Hedges, Indep, Mo.  
17. (a) Burial (b) Date thereof 1-20-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director George C. Carson  
(b) Address Independence, Missouri  
19. (a) 1-20-1945 (Date received local registrar)  
James Ross (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 18 th.  
year 1945 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Dec 30 1944 to Jan 18 1945;  
that I last saw her alive on Jan 18 1945;  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Dec 30-45  
Due to Lymphatic Leukemia 4 yrs.

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 74.2

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy Enlarged Spleen - Liver, Pneumonia

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)  
(a) Means of injury \_\_\_\_\_  
23. Signature George C. Carson (M. D. or other)  
Address 1103 W. 1st St. Indep, Mo. Date signed 1-19-45

Duration  
Dec 30-45  
4 yrs.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

8  
4  
4

143

2211

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**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 Floyd C. Carson  
Licensed Embalmer No. H199  
P. O. Address Independence, 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.**