

**FILED DEC 7 1945**

Registration District No. **42** Primary Registration District No. **5125**

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

1. PLACE OF DEATH:  
 (a) County Buchanan  
 (b) City or town Rural Center Township  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4 mi. So. St. Joseph, Mo. on Sparta Rd  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1  
(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 Rural Center  
4 mi. So. of St. Joseph on Sparta Road  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Angeline Hersch  
 3. (b) If veteran, name war none 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Nov. day 26  
 year 1945 hour 1 minute 30 A. M.  
 21. I hereby certify that I attended the deceased from  
Jan. 14 1942 to Nov 26 1945  
 that I last saw h. er alive on Nov. 24 1945  
 and that death occurred on the date and hour stated above.

4. Sex female / 5. Color or race white  
 6. (a) Single, widowed, married. 2 divorced widowed  
 6. (b) Name of husband or wife. Henry Hersch  
 6. (c) Age of husband or wife if alive 13 years  
 7. Birth date of deceased. January 13 1854  
(Month) (Day) (Year)

Immediate cause of death  
Coronary Occlusion Duration 4da

8. AGE: Years Months Days If less than one day  
91 10 13 hr. min.

Due to Arteriosclerotic cardio-vascular disease

9. Birthplace Buchanan Co. Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation at home

Due to Fracture of hip Jan. 1942

11. Industry or business \_\_\_\_\_  
 12. Name Anderson Harness  
 13. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Elizabeth Register  
 15. Birthplace unknown N. Carolina  
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)  
Security TOTAL  
 Major findings: 93d  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

16. (a) Informant Mrs. John Waller  
 (b) Address R.R. #5 St. Joseph, Mo.

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? \_\_\_\_\_

17. (a) burial (b) Date thereof 11/28/45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Register Cemetery

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

18. (a) Signature of funeral director Walter Bettle & Bowman  
 (b) Address 319 So. 10th  
 19. (a) Dec 3-1945 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) [Signature]  
 Address St. Joseph, Mo Date signed 11-26-45

*Dr. C. J. Henschel  
County Registry*

**SEP 26 1950**

**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 *Frank A. Conway*

Licensed Embalmer No. *1710*

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.**