S. No. 2
M—2-43
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I X35697

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

1287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1816

FILED JAN 31 1946

Registration District No. 177

Primary Registration District No. 1002

Registrar's No. 109

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Jack Lake Side Hosp. K.C. Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether

In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4
(If outside city or town limits, write "RURAL")

(d) Street No. 144 East Kansas 4
(If rural, give location)

(e) Citizen of foreign country? → (Yes or No) 1

If yes, name country →

3. (a) PRINT FULL NAME Mrs Lisella Tekotte

3. (b) If veteran, name war → no

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 August Tekotte

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased June (Month) 22 (Day) 1862 (Year)

8. AGE: Years 83 Months 6 Days 14 If less than one day ____ hr. ____ min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Wm Elmer Stelter
13. Birthplace Hanover Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dorknow Rummel
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Wm H Tekotte

(b) Address 144 E Kansas City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 8 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Independence

18. (a) Signature of funeral director Ott E Mitchell

(b) Address 310 N. Main St Independence Mo

19. (a) 1-8-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6 year 1946 hour 5 minute 50 A.M.

21. I hereby certify that I attended the deceased from July 1 1945 to Jan 6 1946 that I last saw her alive on Jan 6 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Auricular Fibrillation	2 Hrs
Due to: Congestive Heart Failure	96 Hrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93	
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? (Specify type of place)

While at work (e) Means of injury

23. Signature [signature] (M. D. or other) D.O.

Address 102½ N Liberty Independence Date signed 1-8-46

(Licensed Embalmer's Statement on Reverse Side)

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Henry G. Mitchell

Licensed Embalmer No. 3925

P. O. Address Sedalia, 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.