

STANDARD CERTIFICATE OF DEATH

State File No. **8567**

FILED MAR 13 1946
42

Registration District No. _____

Primary Registration District No. 1000

Registrar's No. 284

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:
519 East Colorado Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 Years *
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //

(c) City or town St. Joseph 7
(If outside city or town limits, write "RURAL")

(d) Street No. 519 East Colorado Ave. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Alouis Hummer

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased August 26 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>6</u>	<u>9</u>	hr. _____ min. _____

9. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Self

MOTHER FATHER {

12. Name Paul Hummer

13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Anna Fieishman

15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Hummer

(b) Address 519 East Colorado Ave.

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

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Heruan W. Schubert

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Mar. 8, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature, R.H.)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1946 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 16 11 to March 5 1946
that I last saw him alive on March 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Artery

Due to Chronic myocarditis -
Serulity

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations [Signature]

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 _____

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

Address 209-210 Washburn Date signed 3/5/46

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

MAR 25 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 Elmer Thomas

Licensed Embalmer No. 2640

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.

0-21, 8-11-44