No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23663

State File No.

FILED JUL 31 1946

Registration District No. 47

Primary Registration District No. 1003

Registrar's No. 3087

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

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5026 - CHESTNUT AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether
In this community 46 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3816 - HIGHLAND AVENUE
(If rural, give location)

(e) Citizen of foreign country? YES (Yes or No) 0

If yes, name country GERMANY

3. (a) PRINT FULL NAME MRS AUGUSTA JAGUSCH

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 MR. WILLIAM JAGUSCH

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

7. Birth date of deceased FEBRUARY 1 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	5	10	hr. min.

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

10. Usual occupation AT HOME

11. Industry or business ----

FATHER
12. Name CHRISTIAN KLAWUHN
13. Birthplace LANGANAU GERMANY
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ANNA MARIE
15. Birthplace LANGANAU GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. A. G. HAWKER

(b) Address 5026 CHESTNUT AVENUE

17. (a) BURIAL (b) Date thereof JULY-15-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 7-15-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 11TH
year 1946 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from June 18, 1946, to July 11, 1946
that I last saw her alive on July 10, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral thrombosis	June 17-46
Due to: Hypertension	10 years
Due to:	
Other conditions: (Include pregnancy within 3 months of death) 83 b	

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Edward A. Samuelson (M. D. or other) M.D.

Address 2603 E 31 Date signed July 12-1946

(Licensed Embalmer's Statement on Reverse Side)

2603 East 31st Street

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Kansas City, 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.