S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

25107

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26321

FILED AUG 12 1946

Registration District No. 43 Primary Registration District No. 1000 Registrar's No. 880

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: 2615 Pattee /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community 26 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan 11
(c) City or town: St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 2615 Pattee 7
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Maude E. Hangartner

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: married

6. (b) Name of husband or wife: Fred Hangartner

6. (c) Age of husband or wife if alive: 50 years

7. Birth date of deceased: February (Month) 5 (Day) 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	5	29	hr. min.

9. Birthplace: Cameron (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: at home

11. Industry or business:

FATHER
12. Name: Carl J. Lohmann
13. Birthplace: unknown (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name: Mary Pinkerton
15. Birthplace: Mercer County (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: Fred Hangartner
(b) Address: St. Joseph, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 8/6/46 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: Heaton Belle & Bowman
(b) Address: St. Joseph, Mo.

19. (a) Aug, 7. 1946 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4th year 1946 hour About 5 minute 15 A M.

21. I hereby certify that I attended the deceased from Aug 4th 46, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Paralysis Agitans or Parkinson's Disease — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 87C
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: B W Todd Jr Coroner 0 (M. D. or other)
Address: King Hill Bldg Date signed 8/6-46

34 (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~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 519 S 10th 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.