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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1947

Registration District No. 42

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 233

Registrar's No. 131

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: ST. JOSEPH HOSPITAL () (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 days (Specify whether

In this community 25 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25

(c) City or town Hemple Rural (If outside city or town limits, write "RURAL")

(d) Street No. Southeast of Hemple 1 (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Susie Gsell

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex W Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 18 (Day) 1871 (Year)

8. AGE: Years 75 Months 6 Days 6 If less than one day hr. min.

9. Birthplace ----- (City, town, or county) Penn (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business

FATHER
12. Name James Gsell
13. Birthplace ----- (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name Hallie F Hassler
15. Birthplace Unknown (City, town, or county) Penn (State or foreign country)

16. (a) Informant Hassler Gsell

(b) Address Unknown Hemple Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan (Month) 26 (Day) 1947 (Year)

(c) Place: burial or cremation Mt Zion Cemetery

18. (a) Signature of funeral director [illegible]

(b) Address Stewartsville Mo.

19. (a) Jan 30, 1947 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24 year 1947 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from Oct 1 1946 to Jan 24 1947 that I last saw her alive on Jan 24 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchiogenic Carcinoma, left lung

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 Louis G. Neudorff (M.D. ~~or other~~)

Address 825 Charles Street Date signed 1/24/47

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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.....J. G. Tyson.....

Licensed Embalmer No.....952.....

P. O. Address.....Stewartville 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.