

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registration District No. 42 Primary Registration District No. 1000
Registrar's No. 391

11
5
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: Memorial Methodist Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 24 hrs
(Specify whether years, months or days) 24 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clinton ²⁵
(c) City or town HEMPLE RURAL ¹
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME KATHERINE R. LUCHSINGER
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 18
year 1947 hour 9 minute 15 A.M.
21. I hereby certify that I attended the deceased from Mar. 18, 1947 to Mar 18, 1947
that I last saw her alive on Mar. 18, 1947
and that death occurred on the date and hour stated above.

4. Sex 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 (Day) (Year)

Immediate cause of death: Pneumonia, lobar, bilateral. Duration 3 days

8. AGE: Years 68 Months 7 Days 20 If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions Bronchial Asthma ^{25 yrs}
(include pregnancy within 3 months of death)

9. Birthplace Clinton County Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: none
Of operations none
Of autopsy none ¹⁰⁸
Underline the cause to which death should be charged statistically.

10. Usual occupation Housekeeping

MOTHER FATHER
11. Industry or business _____
12. Name John Luchsinger ⁵
13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Bachman
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant John Luchsinger
(b) Address Hemple Mo

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 _____

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Mar 20 1947
(Month) (Day) (Year)
(c) Place: burial or cremation buried in day care cemetery near Hemple

18. (a) Signature of funeral director J. G. York
(b) Address Stewartville Mo

19. (a) Mar 19, 1947 (b) G. C. Jenkins
(Date received local registrar) (Registrar's signature)

23. Signature E. M. Shore (M. D. or other) M.D.
Address 317 1/2 High School Bldg Date signed 3-19-47

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. L. Brown

Licensed Embalmer No. 952

P. O. Address Stewartville Md

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.