

**FILED MAR 31 1947**

Registration District No. 150

Primary Registration District No. 4240

Registrar's No. 44

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Blue Springs  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 3 1/2 months years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Blue Springs Mo.  
(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 HERMAN-M. AWISZIS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex mc 5. Color or race w 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 25 1879  
(Month) (Day) (Year)

8. AGE: Years 67 Months 7 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Minister

11. Industry or business Retired Minister

12. Name Christopher AWISZIS

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

14. Maiden name Mary Gabel

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

16. (a) Informant Mrs. M. AWISZIS

(b) Address Blue Springs Mo

17. (a) Removal (b) Date thereof 3-17-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baldwin Kan

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 15  
year 47 hour 6 minute A M.

21. I hereby certify that I attended the deceased from 12-27-46  
to 3-15-47  
that I last saw her alive on 3-14 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia  
Duration 3 days

Due to Hypertensive cardio-vascular renal disease 10+ years

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 131A  
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 0

23. Signature M. R. Baul (M. D. or other)  
Address Blue Springs Mo. Date signed 3-15-47

OCT 10 1947

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.....

Francis L. Shaberg, Registered Apprentice No. 464,  
working under my personal supervision.

Signed R B Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.**