

S. No. 2
DM-543
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30235

FILED SEP 19 1947

State File No.

Registration District No.

Primary Registration District No. 5029

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Atchison

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

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 Years
(Specify whether years, months or days)

In this community 50 Years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) - County Atchison

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

(d) Street No. 3 Mi West of Westboro
(If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME Elizabeth Hanrath

3. (b) If veteran, name war:

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day first
year 1947 hour Eight minute P.M.

21. I hereby certify that I attended the deceased from July 9 1947 to Aug 1 1947
that I last saw him alive on Aug 1st 1947
and that death occurred on the date and hour stated above.

4. Sex Female Color or race Wh

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

(b) Name of husband or wife Fritz Hanrath

(c) Age of husband or wife if alive 84 years

7. Birth date of deceased October-7th-1858
(Month) (Day) (Year)

Immediate cause of death Chronic Interstitial Nephritis Duration 3 yrs

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>9</u>	<u>25</u>	hr. min.

Due to Atherosclerosis

Due to Senility

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

10. Usual occupation House Wife

Other conditions (Include pregnancy within 3 months of death)

Major findings: 131A

11. Industry or business

12. Name John Finke

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

14. Maiden name Unknown

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mary Hanrath

(b) Address Westboro, Missouri

17. (a) Burial (b) Date thereof 8-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Johns Cemetery

18. (a) Signature of funeral director Westboro, Missouri

(b) Address Westboro, Missouri

19. (a) Aug 16-47 (b) Miss W. Cunningham
(Date received local registrar) (Registrar's signature)

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? No (e) Means of injury (C)

23. Signature Det Haskell (M. D. or other) MS

Address Far his Date signed Aug 14/47

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

MOTHER FATHER

DISTRICT HEALTH OFFICE
Cameron, 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.....

Ashley R Tucker

Registered Apprentice No. 478

working under my personal supervision.

Scott Tucker

Signed.....

Scott Tucker

Licensed Embalmer No. 2824

P. O. Address..... Westboro, Missouri

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.