

FILED OCT 25 1947  
Registration District No. **148**

Primary Registration District No. **3026**

Registrar's No. **294**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Independence**

(c) Name of hospital or institution: **residence, 828 N. Cottage**  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution **4 months**  
(Specify whether years, months or days)

In this community **15 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **RFD #2 Frederick Ave.**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT MR. FRED LUCHSINGER  
FULL NAME

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **30** year **1947** hour **6:00** minute **A** M.

4. Sex **male** 5. Color or race **white**

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

6. (b) Name of husband or wife **Mrs. Louise Luchsinger**

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

7. Birth date of deceased **Dec. 11, 1859**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **7-21-47** to **9-30-47** that I last saw him alive on **9-29** and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

87	9	19	hr. min.
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Immediate cause of death **acute cardiac failure** Duration **2 days**

9. Birthplace **Schwanden, Switzerland**  
(City, town, or county) (State or foreign country)

Due to **Carcinomatosis primary in bladder** **2 yrs**

Due to **Generalized arterial sclerosis** **years**

10. Usual occupation **Retired rural mail carrier**

Other conditions **52 B**  
(Include pregnancy within 3 months of death)

11. Industry or business **Government employee**

Major findings: Of operations **As above**

12. Name **unknown Luchsinger**

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

14. Maiden name **Kathryn unknown**

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

16. (a) Informant **Mrs. Louise Luchsinger**

(b) Address **RFD 2, Frederick Ave. Indep. Mo.**

17. (c) **Burial** (b) Date thereof **10-2-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **buried here**

18. (a) Signature of funeral director **Geo. C. Carr**

(b) Address **Independence, Mo.**

19. (a) **10-10-47** (b) **James H. Carr**  
(Date received local registrar) (Registrar's signature)

Of autopsy **none**

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)  
(c) Means of injury \_\_\_\_\_

23. Signature **Thos. C. McHale M.D.**

Address **4620 Indep. Ave.** Date signed **10-1-47**

NOV 24 1947

REC 3

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.....

*William N. Schenker*

Registered Apprentice No. *439*

working under my personal supervision.

Signed.....

*R. A. Lisle*

Licensed Embalmer No. *4123*

P. O. Address *Independence, 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.**