

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

7
State File No. **8983**
Registrar's No. **86**

FILED APR 1 1948

Registration District No. **746**

Primary Registration District No. **3026**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Independence**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Allen Rest Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 Days**
(Specify whether
In this community **2 1/2 Months**
years, months or days)

3. (a) PRINT FULL NAME **Louisa Anna Dutzel**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **373-09-8445**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**

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

7. Birth date of deceased **June 14, 1883**
(Month) (Day) (Year)

8. AGE: Years **64** Months **7** Days **22** If less than one day hr. _____ min.

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

10. Usual occupation **Housekeeper**

11. Industry or business **At Home**

12. Name **Thomas Klinefeldt**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Harvey Dutzel**

(b) Address **115 West Nickell**

17. (a) **Removal** (b) Date thereof **3-5-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bad Axe, Michigan**

18. (a) Signature of funeral director **Ernest F. Topsy**

(b) Address **Independence, Missouri**

19. (a) **3-5-48** (b) **James D. [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Michigan** (b) County **Huron**
(c) City or town **Bad Axe**
(If outside city or town limits, write "RURAL")
(d) Street No. **328 North Silver**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **5th**
year **1948** hour **8** minute **25 A.M.**

21. I hereby certify that I attended the deceased from **Jan. 22, 1948** to **Mar. 5, 1948**
that I last saw her alive on **Feb. 28, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration _____

Due to **Arterial Hypertension**

Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: **83A**
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 **Ernest F. Topsy** (M. D. Brother)
Address **Independence Mo** Date signed **3/5/48**

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.....

Dale C. Oldfield

....., Registered Apprentice No. *31*

working under my personal supervision.

Signed.....

Dixon L. Pealy

..... Licensed Embalmer No. *4225*

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.