

S. No. 3906
M-10-47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12836**
Registrar's No. **1791**

FILED MAY 7 1948 *49*
Registration District No. _____

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Neurological Hospital, 2625 Paseo
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
(Specify whether
 In this community 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Jefferson *997*
 (c) City or town Oskaloosa *14*
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No) *3*
 If yes, name country _____

3. (a) PRINT FULL NAME Fannie E. PREMAUER
 3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
 year 1948 hour 11 minute 40 A.M.

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 _____ years
 7. Birth date of deceased February 11, 1897
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from born, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>2</u>	<u>11</u>	hr. _____ min. _____

Immediate cause of death _____
suicide by hanging
 Due to Major depressive psychosis

9. Birthplace Waukee, Iowa
(City, town, or county) (State or foreign country)

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death) *1642*

10. Usual occupation Housework

Major findings:
 Of operations _____
 Of autopsy History of Papaverin
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER {
 12. Name Frank Premauer
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Emily Knoll
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) suicide
 (b) Date of occurrence 4-22-48
 (c) Where did injury occur? no public place
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? no (Specify type of place) (e) Means of injury fall

16. (a) Informant Mr. Otto Premauer
 (b) Address Oskaloosa, Kansas
 17. (a) Removal (b) Date thereof 4-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oskaloosa, Kansas
 18. (a) Signature of funeral director Melody-McGilley-Eylar
 (b) Address Kansas City 3, Missouri
 19. (a) 4-23-48 (b) Gertrude Holmes
(Date received local registrar) (Registrar's signature)

23. Signature J. J. ... (M. D. or other) _____
 Address 1924 ... Date signed 4-22-48

MAY 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *E. E. Heck*
Licensed Embalmer No. *4063*
P. O. Address *Kansas City, 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.