FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 21 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

18741

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 646

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 201 No. 31st. 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 64 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 201 No. 31st. 7
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Aaron Edward Ettenson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Ehrma M. Ettenson

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased November (Month) 14 (Day) 1881 (Year)

8. AGE: 1

Years	Months	Days	If less than one day
66	6	27	hr. min.

9. Birthplace Fulton (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Insurance Man

11. Industry or business Insurance

FATHER
12. Name Harris Ettenson
13. Birthplace Unknown (City, town, or county) Sweden (State or foreign country) 4

MOTHER
14. Maiden name Elizabeth Berk
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Mrs. Ehrma Ettenson
(b) Address St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Mausoleum

18. (a) Signature of funeral director Heaton-Bowman
(b) Address St. Joseph, Mo

19. (a) 6-14-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 3X3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1948 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov. 23, 1946, to June 11, 1948; that I last saw him alive on June 10, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	1 min.
Due to Coronary Arteriosclerosis	6 yrs.
Due to Hypertension, essential	8 yrs.
Other conditions Hemiplegia, left. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H W Carle (M. D. or other)

Address St Joseph Mo Date signed 6-11-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 3196 10th, St Joseph

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.