

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18649

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 682

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> <u>11</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>5</u>	
c. LENGTH OF STAY (In this place) <u>22 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>813 N. 22nd.</u> <u>U</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>813 N. 22nd.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Anna</u>	b. (Middle)	c. (Last) <u>Gnuschke</u>	4. DATE OF DEATH (Month) <u>June</u> (Day) <u>16</u> (Year) <u>49</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>10/15/1877</u>	9. AGE (In years last birthday) <u>71</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>1</u> IF UNDER 1 HR. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Albany Missouri</u> <u>U</u>	12. CITIZEN OF WHAT COUNTRY'S <u>U. S.</u>
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13a. FATHER'S NAME <u>Edward Farrell</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Hamblin</u>	14. NAME OF HUSBAND OR WIFE <u>Otto Gnuschke</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Irene Gnuschke</u> ADDRESS <u>813 N. 22nd</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>			<u>2 WKS.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION</u> DUE TO (c) <u>ARTERIO SCLEROSIS</u>			<u>5 YRS.</u> <u>10 YRS.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>331X</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NONE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-4, 1949, to 6-16, 1949, that I last saw the deceased alive on 6-14, 1949, and that death occurred at 11 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Albin S. Serman M.D.</u> (Degree or title)	23b. ADDRESS <u>St. Joseph, Mo - 317 KIRKPATRICK BLDG.</u>	23c. DATE SIGNED <u>6-16-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/18/1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Helena Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Helena Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 22, 1949</u>	REGISTRAR'S SIGNATURE <u>Ed. S. Jenkins</u> <u>382</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hester Bowman</u> ADDRESS <u>319 S. 20th St. Joseph Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed *William Spalding*

Licensed Embalmer No. *4535*

P. O. Address. *314 S. 10th St. [unclear]*

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.