

FILED AUG 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22649

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 805

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buch. 11		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 50 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		1
d. FULL NAME OF HOSPITAL OR INSTITUTION 2018 Francis Street			d. STREET ADDRESS (If rural, give location) 2018 Francis Street		

3. NAME OF DECEASED (Type or Print) a. (First) Lena b. (Middle) Hetzel c. (Last) Strohlien			4. DATE OF DEATH (Month) (Day) (Year) July 18, 1949					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Mar. 2, 1858	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Norway		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Gilbert Anderson		13b. MOTHER'S MAIDEN NAME Ingrid Bang		14. NAME OF HUSBAND OR WIFE Joseph	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clara Halverson-Twin Falls Idaho.			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility				INTERVAL BETWEEN ONSET AND DEATH 2 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis					15 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					4500

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from April 20, 1949, to July 18, 1949, that I last saw the deceased alive on July 13, 1949, and that death occurred at 1:10 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D.		23b. ADDRESS The Schneider Bldg. St. Joseph, Missouri		23c. DATE SIGNED 7-21, 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 21, 1949	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
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DATE REC'D BY LOCAL REG. July 23, 1949	REGISTRAR'S SIGNATURE G. B. Jenkins	FEDERAL DIRECTOR'S SIGNATURE Stamey Funeral Home	ADDRESS St. Joseph, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

MAKING PERMANENT RECORD - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

1909
AUG 1

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 Charles M. Harmon

Licensed Embalmer No. 4487

P. O. Address St. Joseph,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.