

FILED JAN 16 1941

42651

No. 2
1-10-39
-17-39
X21492
2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 247

Primary Registration District No. 5501A

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton R.R. #3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Leesville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME KATHERINE K. Humbrock

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased. July 13 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Cole Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business _____

12. Name John KAUTSCH

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

14. Maiden name ALENA BECK

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

16. (a) Informant Frank Humbrock

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 12-14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Consalus & Peck

(b) Address Clinton Mo

19. (a) Dec 27 1940 (b) Dr J. S. Haugler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry
(c) City or town Clinton Rural
(If outside city or town limits, write "RURAL")
(d) Street No. RR #3 Leesville Dep
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 11
year 1940 hour 7.30 minute P. M.

21. I hereby certify that I attended the deceased from July, 1940, to Dec 11, 1940
that I last saw her alive on 12-11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to P

Due to 440

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

Duration 6 Mo
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?
3/2 (Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature H. S. Walker (M. D. or other) M.D.
Address Clinton Mo Date signed 12-12-40

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

MOTHER FATHER

RECEIVED

District Health Officer No. 71

District File Number 1-41-30

Date Filed 1-3-41

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

J. E. Consalus

Licensed Embalmer No. 1891

P. O. Address Clinton

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, above space should be left blank.