

1939 MAY 12 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

14356  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan, Registration District No. 86  
 (b) Township Washington, Primary Registration District No. 5127 Registered No. 34  
 (c) City Huntoon Road, R.F.D. # 2, St. Joseph, Mo. (d) Street No. Huntoon Road, R.F.D. # 2, St. Joseph, Mo.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 57 yrs. 3 mos. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Fetzner,  
 (a) Residence, No. R.F.D. # 2, St. Joseph, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena B. Fetzner,  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 11th. 1881  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 57 8 14  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter and Paper hanger  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) April 1939 11. Total time (years) spent in this occupation 36

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri,

FATHER 13. NAME Charles Fetzner,  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Canada

MOTHER 15. MAIDEN NAME Dorothy Kahle,  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

17. INFORMANT (ADDRESS) Mrs. Non Fetzner, R.F.D. # 2, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland Cemetery, April 27th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Theaton-Belac & Baumgardner, 319 S. 10th Str. St. Joseph, Mo.

20. FILED April 27, 1939 Myrtle Harrison Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from April 25th, 1939  
 I last saw #####, 19... Death is said to have occurred on the date stated above, at 11:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Acute Coronary Thrombosis

Date of onset  
9 H 6

Other contributory causes of importance: none

Name of operation..... Date of.....  
 What test confirmed diagnosis? History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19...  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify.....  
 (Signed) R. W. Tadlock Coroner M. D.  
 (Address) King Hill Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORDED

District File No. 111

District File No. 39-422

Date Filed MAY 19 1909

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 Cepa 25/1909

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed W. E. Shimmer

Licensed Embalmer No. 3007

P. O. Address 319 So. 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, above space should be left blank.