No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41372

Registrar's No. 4765

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2919 Campbell (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether In this community Over 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City (If outside city or town limits, write "RURAL")

(d) Street No.: 2919 Campbell (If rural, give location)

(e) If foreign born, how long in U. S. A.? Over 50 years years.

3. (a) PRINT FULL NAME: Richard Totzauer

3. (b) If veteran, name war: XX

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Lina Totzauer

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

7. Birth date of deceased: August (Month) 12 (Day) 1860 (Year)

8. AGE: Years 80 | Months 4 | Days 2 | If less than one day ___ hr. ___ min.

9. Birthplace: Chemnitz (City, town, or county) Germany (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Cabinet Maker

FATHER
12. Name: No Record
13. Birthplace: " " (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: No Record
15. Birthplace: " " (City, town, or county) (State or foreign country)

16. (a) Informant: Arno A. Totzauer

(b) Address: 2919 Campbell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-16-40 (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Hill Cem.

18. (a) Signature of funeral director: J W Wagner

(b) Address: Kansas City, Mo.

19. (a) 12/15/40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14, year 1940 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from ___, 19__, to ___, 19__; that I last saw alive on ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Hemopericardium

Due to: Rupture of the heart

Due to: Acute myocardial infarction

Other conditions (Include pregnancy within 3 months of death): Acute coronary ordusion

Major findings:
Of operations:
Of autopsy: Yes

Duration

95 B.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: [signature] (M. D. or other)

Address: K. C. Mo. Date signed

(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 A. R. Hainschild

Licensed Embalmer No. 4159

P. O. Address Kansas City Mo.

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

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