

2  
8-40  
-39  
(23159)

FILED APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 10914

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 95

1. PLACE OF DEATH

(a) County Jackson

(b) City or town Independence, Mo.

(c) Name of hospital or institution: 11633 616<sup>th</sup> St.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 52 years

In this community 52 years

years, months or days (Specify whether)

3. (a) PRINT FULL NAME Russell Duane Etzenhouser Sr.

3. (b) If veteran, name war                     

3. (c) Social Security No.                     

4. Sex Male

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucina Etzenhouser

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March 1880

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>—</u>	<u>5</u>	hr. <u>          </u> min. <u>          </u>

9. Birthplace Sacramento California

(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Grocery

MOTHER FATHER

12. Name Elise Etzenhouser

13. Birthplace Delaware

(City, town, or county) (State or foreign country)

14. Maiden name Lucina Browne

15. Birthplace Utah

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. L. Geroy

(b) Address 813 So. Forest St.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 4/3/41

(Month) (Day) (Year)

(c) Place: burial or cremation Mount Grove Cem.

18. (a) Signature of funeral director Curtis & Spinks

(b) Address Independence, Mo.

19. (a) April 2, 41 (b) F. L. Cook m. d.

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence

(If outside city or town limits, write "RURAL")

(d) Street No. 11633 616<sup>th</sup> Street

(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 1

year 1941 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 1, 1939 to Apr 1, 1941

that I last saw him alive on Mar 26, 1941

and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation with hypertrophy

Due to Advanced coronary atherosclerosis and myocardial infarction with myocardial insufficiency

Other conditions 92 W

(Include pregnancy within 3 months of death)

Major findings:                     

Of operations                     

Of autopsy Advanced Coronary atherosclerosis and myocardial infarction and insufficiency with dilatation and hypertrophy

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? 360

While at work?                     

(Specify type of place) (Cause of injury)

23. Signature Russell Etzenhouser m. d. (M. D. or other)                     

Address Independence, Mo Date signed 4-1-41

Duration four minutes

Several years

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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 me

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

Signed Roland Speaks

Licensed Embalmer No. 3604

P. O. Address Independence, Mo

**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.**