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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1317 S.16th. Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community 73 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1317 S.16th Street
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany 0

3. (a) PRINT FULL NAME Wilhelmina Dorathea Untermann

MEDICAL CERTIFICATION

3. (b) If veteran, name war None

3. (c) Social Security No. None

20. DATE OF DEATH: Month August day 4th
year 1942 hour 10 minute 15 A.M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Ernest Untermann

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased January 29 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 11 1942 to August 4 1942
that I last saw her alive on August 3 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>6</u>	<u>5</u>	hr. _____ min. _____

Immediate cause of death Chronic Myo Carditis

Duration 7 Weeks

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

Due to Cystitis Chlamydiae long staying a number of years

Due to _____

10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

MOTHER FATHER { 12. Name John Buhr

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

{ 14. Maiden name Dorathea Andrews

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Louise Enslow

(b) Address Lincoln, Nebraska

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? _____

17. (a) Burial (b) Date thereof Aug. 6, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

While at work? _____
(Specify type of place)

(c) Means of injury _____

18. (a) Signature of funeral director Herbert W. Sudduth

(b) Address 1802 Union Str. St. Joseph, Mo.

23. Signature Dr. John S. Wilson (M. D. or _____)

Address 109 1/2 N. 8 St. Joseph, Mo. Date signed _____

19. (a) 8-4-42 (b) Rae Hingbo
(Date received local registrar) (Registrar's name)

NOV 28 1949

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 *Albert C Harrington*

Licensed Embalmer No. *3258*

P. O. Address *St Joseph, Mo*

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, fact should be so stated above.