

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

17658

State File No. \_\_\_\_\_  
 Registrar's No. 47

Registration District No. 22 Primary Registration District No. 3013

1. PLACE OF DEATH:  
 (a) County Clay  
 (b) City or town North Kansas City  
 (c) Name of hospital or institution: Home  
 (d) Length of stay: In hospital or institution 1 year  
 In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Clay  
 (c) City or town \_\_\_\_\_  
 (d) Street No. 1004 E-24th St  
 (e) Citizen of foreign country? \_\_\_\_\_

3. (a) PRINT FULL NAME ANN. MARIE WACHTER

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

4. Sex fe 5. Color of hair Red 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov 23 1876  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 5 28 hr. min.

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

10. Usual occupation H.W.

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Unknown  
 13. Birthplace Unknown 9  
 14. Maiden name Unknown  
 15. Birthplace Unknown 9

16. (a) Informant Mrs Jeanette Germain

(b) Address 1004 East 24th St N.K.C.  
 17. (a) Burial, cremation, or removal burial (b) Date thereof May 21-43

(c) Place: burial or cremation Akron Ohio

18. (a) Signature of funeral director Morton Pinesse  
 (b) Address 832 Armour Rd. N.K.C. MO

19. (a) May 21-43 (b) Paul W. Henry  
 (Date received at local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21  
 year 1943 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 5:20 to 5:20  
 that I last saw him alive on 5:20 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to Hypertension

Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
 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? \_\_\_\_\_  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_  
 Signature P. S. Pate (M. D. or other) \_\_\_\_\_  
 Address North Kansas City, Mo Date signed 5/21/43

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-4-43

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

*John S. Matton*

Licensed Embalmer No. 4349

P. O. Address no. 112 - 11

**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.**