S. No. 2
OM—2-43
5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27777

Registration District No. 72

Primary Registration District No. 1000

Registrar's No. 870

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: 6034 Pryor Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 39 years (Specify whether years, months or days)

In this community 39 years

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. 6034 Pryor Ave., City (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Adolph R. Teschner

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March (Month) 14, (Day) 1871 (Year)

8. AGE: Years 72 Months 4 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Harness Maker

11. Industry or business Self (Own Shop)

FATHER
12. Name August Teschner
13. Birthplace Germany (City, town, or county) 7 (State or foreign country)

MOTHER
14. Maiden name Pauline Henner
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mary Teschner (Wife)

(b) Address 6034 Pryor Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/17/43 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director John E. Kupp

(b) Address 6054 Pryor Ave., City.

19. (a) 7-17-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1943 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Jan 12, 1943 to July 14, 1943 that I last saw him alive on July 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the colon — Duration Unknown

Due to ✓

Due to ✓

46e

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

Major findings: Of operations Cancer of the colon

Of autopsy None

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 John J. Byrne (M. D. or other) M D

Address 4th Corby Bldg - St. Joseph Mo Date signed 7-17-43

(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 John E. Rupp

Licensed Embalmer No. 3986

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.