

FILED NOV 9 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1207

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:
608 Colorado
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution at home
In this community 1 year
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan
(c) City or town Blair
(If outside city or town limits, write "RURAL")
(d) Street No. --
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Sarah Julia Gutzman

3. (b) If veteran, name war no 3. (c) Social Security None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Gustav Gutzman 6. (c) Age of husband or wife if alive dec years

7. Birth date of deceased Jan. 18 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 8 25 hr. min.

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

10. Usual occupation Housewife

11. Industry or business own home

MOTHER FATHER
12. Name Fredrick Sinker
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Friederika Fichtel
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Ben Bernits MD
(b) Address Wathena, Kans

17. (a) Removal (b) Date thereof 10-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wathena, Kansas

18. (a) Signature of funeral director Walter Reichhoff
(b) Address 1302 1/2 Park St. St. Joseph, Mo

19. (a) 11-13-43 (b) Rae Hlegoy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13
year 1943 hour 12 minute 05 PM

21. I hereby certify that I attended the deceased from Sept 15, 1942 to Oct. 13, 1943
that I last saw her alive on Oct 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of left femur at neck.
Due to 1941

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

Major findings: Of operations None
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Sept 14, 1942
(c) Where did injury occur? at home
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In bedroom of home
While at work? (Specify type of place) (c) Means of injury

23. Signature Ben Bernits MD (M. D. or other)
Address Wathena, Kans Date signed 10/14/43

Duration
1941
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.....

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

Signed Al Dadds

Licensed Embalmer No. Mo 3023

P. O. Address Wathena, Kans

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.