

FILED DEC 3 1943  
Registration District No. 177

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County JACKSON  
(b) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3817 1/2 PROSPECT AVENUE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 24 YEARS years, months or days)

3. (a) PRINT FULL NAME MR. HERMAN C. TESCHNER

3. (b) If veteran, name war No 3. (c) Social Security No. NO ONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. FLORENCE TESCHNER 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased NOVEMBER 28 1869  
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 15 If less than one day hr. min.

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

10. Usual occupation OPERATOR & PROPRIETOR

11. Industry or business OAK PARK INN

12. Name AUGUST TESCHNER

13. Birthplace UNKNOWN GERMANY  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. FLORENCE TESCHNER

(b) Address 3817 1/2 PROSPECT AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 15 1943  
(City or town) (County) (State)

(c) Place: burial or cremation ST. JOSEPH, MISSOURI

18. (a) Signature of funeral director D. W. Williams, Sons  
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 11-15-43 (Date received local registrar) (b) D. C. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3817 1/2 PROSPECT AVENUE  
(If rural, give location)  
(e) Citizen of foreign country? YES (Yes or No)  
If yes, name country GERMANY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 13<sup>TH</sup>  
year 1943 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from Reputy Coroner 19\_\_  
that I last saw him alive on \_\_\_\_\_, 19\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Acute Coronary Occlusion

Due to \_\_\_\_\_

Due to 94a

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

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

Of autopsy See Above

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) Means of injury \_\_\_\_\_

23. Signature A. E. Washer (M. D. or other) M.D.  
Address 28 M. Col Date 11/13/43

AUG 7 1945

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**