

No. 2  
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5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 18 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7591

State File No. \_\_\_\_\_

Registration District No. 383

Primary Registration District No. 5655

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mount Vernon Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 65 days  
(Specify whether years, months or days)

In this community 65 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence  
(If outside city or town limits, write "RURAL")

(d) Street No. 11416 E. 15th  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Etzenhouser

3. (b) If veteran, name war no

3. (c) Social Security No. 486034824

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased June 7 1894  
(Month) (Day) (Year)

8. AGE: Years 49 Months 7 Days 20 If less than one day hr. min.

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

10. Usual occupation accountant

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

12. Name Alma Etzenhouser

13. Birthplace unknown Calif.  
(City, town, or county) (State or foreign country)

14. Maiden name Theremia Brown

15. Birthplace Nashville Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San., Mount Vernon

17. (a) Rm (b) Date thereof 1-27-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo

18. (a) Signature of funeral director Del Newcomer Sons

(b) Address 1401 Brush Creek K.C. Mo.

19. (a) 1-29-44 (b) Ruby Crump  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27  
year 1944 hour 2 minute 20 a. m.

21. I hereby certify that I attended the deceased from November 24, 1943 to Jan. 27, 1944  
that I last saw him alive on Jan. 26, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary tuberculosis  
Duration over 14 yrs.

Due to Tuberculous Enteritis

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

Other conditions (Include pregnancy within 3 months of death) 1381

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

Of autopsy \_\_\_\_\_

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) (e) Means of injury 0

23. Signature Y. F. Fingeliver (M. D. or other) MD

Address Mo. State San., Mt Vernon Date signed 1/29/44

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

MOTHER FATHER

1338

(Licensed Embalmer's Statement on Reverse Side)

190

RECEIVED

District Health Officer No. 6,

District File Number 244-241

Date Filed FEB 15 1944

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

*Emile M. Calhoun*

Licensed Embalmer No.

#3506

P. O. Address

K.C. 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.