

FILED MAR 3 1949

Primary Registration District No. 1002

Registrar's No. 801

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: 4706 Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town Cole Camp
(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 _____

3. (a) PRINT FULL NAME HERMAN J. POSTEL

(b) If veteran, name war No

(c) Social Security No. 708-14-6568

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17
year 1945 hour 6:00 minute A. M.

4. Sex Ma 5. Color or race Wh

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

6. (b) Name of husband or wife Theresa Postel

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased: January 22 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-1-1944 to 2-17-1945
that I last saw him alive on 2-16-1945
and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 0 Days 25
If less than one day hr. _____ min. _____

Immediate cause of death Chronic Brights

Due to _____

Due to _____

Other conditions 13/15
(Include pregnancy within 3 months of death)

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

10. Usual occupation Section Laborer
Rock Island

11. Industry or business _____

12. Name John Postel

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

14. Maiden name Christina Harmes

15. Birthplace Cole Camp Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant C.R. Postel

(b) Address 4706 Terrace

17. (a) Removal (b) Date thereof 2-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cole Camp, Mo.

18. (a) Signature of funeral director J.W. Wagner

(b) Address Kansas City, Mo.

19. (a) 2-17-45 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

23. Signature J.P. Bunk (M. D. or other) _____
Address K.C. Mo. Date signed 2-17-45

SEP 30 1947

11-334
Depple

MAY 31 1945

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 *Alvin R. Haunschild*

Licensed Embalmer No. *4159*

P. O. Address *Acacia City 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.