

**FILED** APR 10 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. ....

Registration District No. 173

Primary Registration District No. 4273

Registrar's No. 5

**1. PLACE OF DEATH:**  
 (a) County Lafayette  
 (b) City or town Concordia, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Home - 902 Main.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community 80 years.

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Lafayette  
 (c) City or town Concordia,  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 902 Main Street,  
(If rural, give location)  
 (e) Citizen of foreign country? NO. (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Emilie Duensing  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

**MEDICAL CERTIFICATION**  
 20. **DATE OF DEATH:** Month March day 18  
 year 1946 hour 7 minute 25 P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife George Duensing 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: July (Month) 2, (Day) 1862 (Year)

21. I hereby certify that I attended the deceased from March 6, 1946 to March 18, 1946  
 that I last saw her alive on March 11, 1946  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>8</u>	<u>16</u>	.....hr. ....min.

Immediate cause of death Cardiovascular renal disease  
 Duration 3 yrs?

9. Birthplace St. Louis, Missouri. (City, town, or county) (State or foreign country)

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

10. Usual occupation Housewife.

Other conditions infirmitie of old age.  
(Include pregnancy within 3 months of death)

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

**MOTHER FATHER**  
 12. Name Henry Detart  
 13. Birthplace Germany (City, town, or county) (State or foreign country)  
 14. Maiden name Caroline Wehmeyer.  
 15. Birthplace Germany (City, town, or county) (State or foreign country)

**PHYSICIAN**  
 Major findings: Of operations no operation  
 Of autopsy no autopsy  
 Underline the cause to which death should be charged statistically.

16. (a) Informant H. F. Duensing  
 (b) Address Concordia, Missouri.

22. If death was due to external causes, fill in the following:  
 (c) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof Mar. 21-46.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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) (c) Means of injury

(c) Place: burial or cremation Concordia, Missouri.  
 18. (a) Signature of funeral director Corn Funeral Home  
 (b) Address Wellington Mo.  
 19. (a) March 19-46 (b) Dorinda Shyman  
(Date received local registry) (Registrar's signature)

While at work? \_\_\_\_\_  
 23. Signature Douglas J. Kalina (M. D. \_\_\_\_\_)  
 Address Waverly, Mo. Date signed 3/19/46

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-9-46.....

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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 W. R. C. C. C......

Licensed Embalmer No. 4305.....

P. O. Address Wellington, 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.