

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X3687

FILED JUL 9 1946

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **714**

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

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:
2709 Lafayette 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan 11
 (c) City or town St Joseph 1
(If outside city or town limits, write "RURAL")
 (d) Street No. 2709 Lafayette 3
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Isabelle Teitzel
 3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month June day 19
 year 1946 hour 8 minute 25 A.M.
 21. I hereby certify that I attended the deceased from from 1st to June 19, 1946
 that I last saw her alive on June 18, 1946
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Louis 6. (c) Age of husband or wife if alive 12 years (Month) (Day) (Year)

Immediate cause of death By pre-tertib Pneumonia 3 days
 Due to Age + Mitral lesion 3
 Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>0</u>	<u>7</u>	hr. min.

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace Junction City Kans. 1
(City, town, or county) (State or foreign country)

11. Industry or business _____
 12. Name J.C. Dumbreck
 13. Birthplace Glasgow Scotland 4
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Gibson
 15. Birthplace Glasgow Scotland 4
(City, town, or county) (State or foreign country)

MOTHER FATHER
 12. Name J.C. Dumbreck
 13. Birthplace Glasgow Scotland 4
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Gibson
 15. Birthplace Glasgow Scotland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Floyd E. Turley
 (b) Address St Joseph, Mo.

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? _____

17. (a) Removal (b) Date thereof 6-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Junction City, Kans.

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature Herai Beck (M. D. or other) _____
 Address King Hill, Mo. State signed Mo

18. (a) Signature of funeral director Fleeman & Son Inc.
 (b) Address St Joseph, Mo.

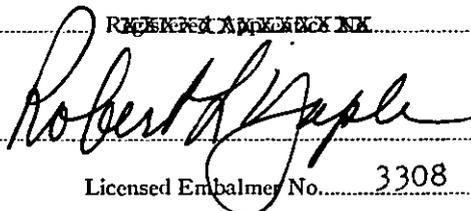
19. (a) June 24, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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, on ~~the~~ 10/10/00

working under my personal supervision.

Signed

~~RECEIVED APPROVED NK~~


Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.