

FILED SEP 3 1946

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **963**

1. PLACE OF DEATH:

(a) County **Buchanan**
 (b) City or town **St. Joseph**
 (c) Name of hospital or institution: **St. Joseph Hosp #2**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **19 days**
 (Specify whether years, months or days) **27 years**

3. (a) PRINT FULL NAME **Werner Hangerker**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **491-09-445**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **1**

6. (b) Name of husband or wife **Helene** 6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **May 24 1894**
 (Month) (Day) (Year)

8. AGE: Years **57** Months **2** Days **28** If less than one day hr. min.

9. Birthplace **Switzerland**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Engineer (Retired)**

11. Industry or business

12. Name **Werner Hangerker**

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

14. Maiden name **Helene**

15. Birthplace **Switzerland**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Helene Hangerker**

(b) Address **731 N 2nd St Joseph Mo**

17. (a) **Burial** (b) Date thereof **8-24-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rohland Cemetery**

18. (a) Signature of funeral director **Barry James Hame**

(b) Address **St Joseph Mo**

19. (a) **Aug. 27, 1946** (b) **H. H. Hangerker**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Buchanan**
 (c) City or town **St Joseph**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **731 N 2nd**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **22**
3 year **1946** hour **1** minute **15.9** M.

21. I hereby certify that I attended the deceased from **Aug 19** to **Aug 22**, 1946;
 that I last saw him alive on **Aug 21**, 1946;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia (Crampant)** Duration **3 da**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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?

While at work (Specify type of place) (a) Means of injury

23. Signature **L. A. Shuck MD** (M. D. or other)

Address **St Joseph Mo** Date signed **8/21/46**

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

25131

MOTHER FATHER

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

Victor Barry

Licensed Embalmer No.

4212

P. O. Address

S. T. Josephina

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.