S. No. 2
OM—5-43
v. 5-17-39
p I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 27300

FILED AUG 19 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3364

**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: Haven Hill Apts. 708 W. 47th.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: no. (Specify whether
In this community: 4 weeks years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 999

(a) State: Minnesota (b) County: 21
(c) City or town: Mankato
(If outside city or town limits, write "RURAL")
(d) Street No.: x
(If rural, give location)
(e) Citizen of foreign country?: no. (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: Mrs. Mathilde T. Aulger

3. (b) If veteran, name war: no.

3. (c) Social Security No.: no.

4. Sex: female

5. Color or race: white

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

6. (b) Name of husband or wife: Addison M. Aulger

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: August (Month) 2 (Day) 1893 (Year)

8. AGE: Years 53 Months 0 Days 1 If less than one day hr. min.

9. Birthplace: Iowa (City, town, or county) (State or foreign country)

10. Usual occupation: at home,

11. Industry or business: x

MOTHER FATHER

12. Name: William Tetzman

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

14. Maiden name: Anna Schmeltz

15. Birthplace: unknown, (City, town, or county) (State or foreign country)

16. (a) Informant: Addison M. Aulger
(b) Address: Mankato, Minnesota

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 8-6-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cemetery

18. (a) Signature of funeral director: Stine & McClure
(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 8-5-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 3 year 1946 hour 6:20 minute A. M.

21. I hereby certify that I attended the deceased from Aug 15 1946 to Aug 3 1946 that I last saw him alive on Aug 2 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma Liver — Duration

Due to: Carcinoma Cervix, primary

Due to:

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

Major findings: Of operations: 48a.

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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: C. O. Cantrell (M. D. or other)
Address: 636 Wyandotte Date signed: 8/3/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. C. D. Cantrell
Argyle Bldg

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 E. M. Plaack

Licensed Embalmer No. 1848

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.**