S. No. 2
M—5-43
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I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33744

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4290

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: 1222 Hardesty 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1222 Hardesty 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MRS. SUSANNA RIST

3. (b) If veteran, name war XX

3. (c) Social Security No. No

4. Sex Fe 1

5. Color or race Wh

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

6. (b) Name of husband or wife Ernest Rist

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

7. Birth date of deceased September (Month) 16 (Day) 1858 (Year)

8. AGE: Years 88 Months 0 Days 24 If less than one day hr. min.

9. Birthplace — (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name No Record
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Wm. E. Rist
(b) Address 1222 Hardesty

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation Alma, Mo.

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.

19. (a) 10-11-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10
year 1946 hour 2: minute 30 P.M.

21. I hereby certify that I attended the deceased from 2 Oct 8, 1946, to , 19 ;
that I last saw her alive on Oct 8, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Haemorrhage	1 day
Due to: arteriosclerosis	—
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 83a
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 R. H. Williams (M. D. or other)
Address 5400 St John Ave. Kansas City, MO Date signed

(Licensed Embalmer's Statement on Reverse Side)

5400 St Louis

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. Hamschild

Licensed Embalmer No. 4159

P. O. Address Kansas 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.