

No. 2
-1/47
5-17-39

37901

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics

Registration District No. 437

Primary Registration District No. 5208

Registrar's No. 240

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Rural Deepwater Tap
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Mi N of Montrose
(If not in hospital or institution, write street number or location)
(d) Length of stay: 16 yrs (Specify whether in hospital or institution)
In this community 16 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 420
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 Mi N of Montrose
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

3. (a) PRINT FULL NAME Kathryn E. Behabiesk
3. (b) If veteran, name war -
3. (c) Social Security No. -

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband -
6. (c) Age of husband or wife if alive 1968 years (Day) (Year)
7. Birth date of deceased 2 19 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 8 29 hr. min.

9. Birthplace Blauvond Hill
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER
11. Industry or business
12. Name Henry Richter
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna Patemeyer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Ja Muck
(b) Address Montrose Mo

17. (a) Burial, cremation, or removal Burial
(b) Date thereof 11 21 47
(Month) (Day) (Year)
(c) Place: burial or cremation Montrose Cem

18. (a) Signature of funeral director Siekman & Dunning
(b) Address Clated Mo

19. (a) 11-20-47 (b) R. A. Kenney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 18
year 1947 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from 5 Sept 1946 to 18 Nov 1946
that I last saw her alive on 18 Nov 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, chronic
Duration

Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: ABD
Of operations.....
Of autopsy.....
Underline the cause of 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)

23. Signature W. E. Green (M. D. or other) 925
Address Capleton City Date signed 20 Nov 47

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

RECEIVED
District Health Officer No. 7,
District File Number 11-24-42
Date Filed 10-4-7-1340

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 J. R. Housley
Licensed Embalmer No. 3692
P. O. Address Colham 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.