

5
6
2
N. B. — Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1950 AUG 25 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25703
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson,
(b) Township
(c) City Warrensburg,
(e) Length of residence in city or town where death occurred yrs. mos. ds.

2
Registration District No. 431
Primary Registration District No. 3023

Registered No. 74

(d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Teresa Kauer

(a) Residence, No. 3 years St.
(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Raymond Kauer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov, 28, 1854

7. AGE YEARS 83 MONTHS 7 DAYS 15 IF LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Austria (STATE OR COUNTRY) 1

FATHER 13. NAME Antoine Prock 17
14. BIRTHPLACE (CITY OR TOWN) Austria (STATE OR COUNTRY) 7

MOTHER 15. MAIDEN NAME Teresa *****
16. BIRTHPLACE (CITY OR TOWN) Austria (STATE OR COUNTRY)

17. INFORMANT Mrs E. F. Sibert (ADDRESS) Knobnoster, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE July 17, 1938

19. FUNERAL DIRECTOR (NAME) Sweeney-Phillips (ADDRESS) Warrensburg,

20. FILED July 14, 1938 Eva Gentry Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1938, to July 13, 1938. I last saw her alive on July 10, 1938. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis Date of onset ?
Chr. Nephritis ?
Other contributory causes of importance: 121

Name of operation _____ Date of _____
What test confirmed diagnosis? Specimen Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) R. F. McKenny, M. D.
(Address) Warrensburg, Mo
391

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,

Earl Priest

, or by

Registered Apprentice No., working under my personal supervision.

Signed

Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg, 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, above space should be left blank.