REC'D APR 10 1939

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

9916
Do not use this space.

1. PLACE OF DEATH
(a) County Audrain 2 Registration District No. 27
(b) Township Linn 1 Primary Registration District No. 20 35 Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 626 Louis Albert Kircher
(a) Residence, No. R.F.D. Rush Hill, Mo. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie Kircher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 14, 1872

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
66	5	11	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Highland, Ill.

FATHER
13. NAME Mathies Kircher 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER
15. MAIDEN NAME Louise Iberg
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Mrs. Carrie Kircher R.F.D. Rush Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cemetery, Mexico, Mo. DATE March 26, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H.A. Precht & Son Mexico, Mo.

20. FILED Mar 27, 1939 Clarence Barnes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1937, to March 25, 1939
I last saw him alive on March 25, 1939. Death is said to have occurred on the date stated above, at 4:00 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphosarcoma (mediastinal)	Sept 37
47	

Other contributory causes of importance:

Metastatic ~~Carcinoma~~ Sarcoma in peritoneum	Jan 37

Name of operation Biopsy Date of Sept 37
What test confirmed diagnosis? Abdomen X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury ..., 19...
Where did injury occur? None
(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) Harry F. O'Brien, M. D.
24 (Address) Mexico Missouri

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

X14028

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 E. Precht, or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.