

FIFTH MAR 15 1940

Registration District No. 200

Primary Registration District No. 5417

Registrar's No. 4

1. PLACE OF DEATH Franklin

(a) County Franklin

(b) City or town Rural Lyon Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Residence Leslie Rural Route  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days 6 7 5

8. (a) PRINT FULL NAME CATHERINE W. KANSTIENER

8. (b) If veteran, name war \_\_\_\_\_

8. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Aug. 13 1863  
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Fred W. Kanstener

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

14. Maiden name Whitman Oberbeck

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

16. (a) Informant Mrs. Mary Kappelmann

(b) Address Leslie Mo R.F.R.

17. (a) Burial (b) Date thereof Mar. 3 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Mo

18. (a) Signature of funeral director E. J. Lesure

(b) Address Beaufort Mo

19. (a) 7-2-40 (b) J. Matthews  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin

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

(d) Street No. R.F.R. Leslie Mo.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29  
year 1940 hour 2 minute A M.

21. I hereby certify that I attended the deceased from Jan 23, 1940 to Feb 29, 1940 that I last saw her alive on Feb 27, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cardiovascular Renal disease

Duration Not known

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_

21. White at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_

22. Signature J. Matthews M.D. (M. D. or other) \_\_\_\_\_

Address Beaufort Mo Date signed 2/29/40

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

**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. H. Lumm*

Licensed Embalmer No. *3076*

P. O. Address *Beaufort 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.**