

STANDARD CERTIFICATE OF DEATH

State File No. **21098**

Registration District No. **30**

Primary Registration District No. **3003**

Registrar's No. **32**

1. PLACE OF DEATH:

(a) County Barry
 (b) City or town Monett
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
511 Central Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Milton Edward Kaiser 260

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 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 August 19, 1917
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>22</u>	<u>9</u>	<u>14</u>	hr. _____ min.

9. Birthplace Monett, Missouri 0
 (City, town, or county) (State or foreign country)

10. Usual occupation Painter 0

11. Industry or business Own Shop 0

MOTHER FATHER { 12. Name Hubert Kaiser

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

14. Maiden name Lydia Eckert

15. Birthplace St. Louis, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Hubert Kaiser
 (b) Address 511 Central Ave., Monett, Mo

17. (a) Burial (b) Date thereof 6-3-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friestatt Cemetery

18. (a) Signature of funeral director Callaway

(b) Address Monett, Mo

19. (a) 6-2-1940 (b) W. M. West
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
 (c) City or town Monett
 (If outside city or town limits, write "RURAL")
 (d) Street No. 511 Central Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st
 year 1940 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec. 16
 1939 to June 1, 1940
 that I last saw him alive on June 1, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Infarction Duration 2 days

Due to Particles from valves of heart
 Due to Rheumatic heart disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 920

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?
31 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. O. Hanson, M.D. (M. D. or other) 1
 Address Monett, Mo Date signed 6-3-40

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

RECEIVED.

District Health Officer No. 62

District File Number 7460-2348

Date Filed JUN 10 1947

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 _____

J. D. Buchanan
working under my personal supervision.

Registered Apprentice No. _____

Signed *J. D. Buchanan*

Licensed Embalmer No. 3179

P. O. Address Monett

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.