

7. S. No. 2  
M-11-10-39  
ev. 5-17-39  
I X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **40006**

Registration District No. **875**

Primary Registration District No. **6162**

Registrar's No. **288**

**FILED DEC 11 1940**

108

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

1. PLACE OF DEATH:

(a) County **Vernon**  
(b) City or town **Rural**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**State Hosp #3**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **One day**  
(Specify whether years, months or days) **3**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bartow**  
(c) City or town **Golden City, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **0** (If rural, give location)  
(e) If foreign born, how long in U. S. A.?

8. (a) PRINT FULL NAME **William Kifer**

8. (b) If veteran, name war **✓** 8. (c) Social Security No. **6-455**

4. Sex **male** 5. Color or race **white**  
6. (b) Name of husband or wife **Sadie Kifer** 6. (c) Age of husband or wife if alive **72** years  
7. Birth date of deceased **June 5 1860**  
(Month) (Day) (Year)

8. AGE: Years **80** Months **5** Days **11** If less than one day hr. min.

9. Birthplace **Whiterite Texas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer (Retired 10yr)**

11. Industry or business  
12. Name **William Kifer**  
13. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Cox**  
15. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm Kifer**  
(b) Address **Golden City Mo.**

17. (a) **Burial** (b) Date there **Nov. 18-1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **State Hosp Golden City, Mo.**

18. (a) Signature of funeral director **A. L. Phillips**  
(b) Address **Golden City Mo.**

19. (a) **11-26-40** (b) **Allert C. Hays**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **16**  
year **1940** hour **12** minute **45** M.

21. I hereby certify that I attended the deceased from **11/15** 19**40**, to **11/16** 19**40**;  
that I last saw him alive on **11/16** 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to **Senile Dementia**

Due to **Marital Exhaustion**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **93C**  
Of autopsy

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?

**795**  
While at work? (Specify type of place) (c) Means of injury

23. Signature **A. L. Kawanagh** (M.D. or other)  
Address **State Hosp #3** Date signed **11/16/40**

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 12-40-1698

Date Filed 12-4-40

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**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 \_\_\_\_\_

Licensed Embalmer No. 3278

P. O. Address Golden City, 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.**