

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.

FILED MAY 20 1941

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

15207
Do not use this space.

1. PLACE OF DEATH.
 (a) County Mississippi Registration District No. 6767
 (b) Township St. James Primary Registration District No. 16334
 (c) City East Prairie (d) Street No. 1 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 Mrs Mollie Kaiser
 (a) Residence, No. East Prairie Mo (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Edw. Kaiser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 10 15

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. Housework
 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) Wentzville Mo

FATHER
 13. NAME Henry Schweer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
 15. MAIDEN NAME Mary Eddelmen
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Loape Guardian Mo

17. INFORMANT (ADDRESS) Edw. Kaiser East Prairie Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Jackson Mo DATE Apr 21 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walters Und. Co. Loape Guardian Mo

20. FILED 4-19 1941 Mrs L M Hobbs Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 17 - 1941

22. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1941, to Apr 12, 1941. I last saw her alive on Apr 12, 1941. Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy Date of onset

Other contributory causes of importance: 42W

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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) George W Whitaker, M. D.
 (Address) East Prairie Mo

RECEIVED

District Health Officer No. 2

District File Number 541-64

Date Filed 5/16/41

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

J. H. Rister

Licensed Embalmer No.

3980

P. O. Address

Cape Girardeau, 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.

R.