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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28100

W. J. Gilham
Registration District No. 213

Primary Registration District No. 3014

State File No. _____

Registrar's No. 236

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

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Jefferson City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
621 West Elm Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 79 years | (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole ⁰²⁶

(c) City or town Jefferson City, Missouri ⁵
(If outside city or town limits, write "RURAL")

(d) Street No. 621 West Elm Street
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Mrs. Elizabeth M. Kaiser

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Joseph E. Kaiser 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 15 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>5</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Jefferson City, Missouri ^D
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Dulle ⁴

13. Birthplace Germany ⁴
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hecker

15. Birthplace Germany ⁴
(City, town, or county) (State or foreign country)

16. (a) Informant B. B. Dunn

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Aug-8-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Thos. J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 8-13-41 (b) Motma Kicher
(Date received local registrar) (Registrar's signature)

8748

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6
year 1941 hour 6 minute _____ P.M.

21. I hereby certify that I attended the deceased from 10-31 1937, to 8-8-6 1941
that I last saw her alive on 8-6 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia ^{2 days}

Due to Apoplexy ^{10 days}

Due to Atherosclerosis ^{4 yrs}

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations _____

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? _____

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

23. Signature [Signature] (M. D. or other) ^D

Address Jefferson City, Mo. Date signed 8-7-41

Duration

2 days

10 days

4 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Walter J. Gordon

Licensed Embalmer No. *1286*

P. O. Address *Jefferson City Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.