

MARGIN RESERVED FOR BINDING

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

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42498

State File No. _____

FILED JAN 21 1942

Registration District No. 248

Primary Registration District No. 4323

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Marion.

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

(c) Name of hospital or institution: Marion County Hospital
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Marion.

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

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME John Frederick Kiel.

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13th.
year 1942. hour 4 P.M. minute _____ M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Myrtle Miller. 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Jan-12, 1942, to Jan-13, 1942; that I last saw him alive on Jan-12-1942, and that death occurred on the date and hour stated above.

7. Birth date of deceased Feb. 9th, 1861.
(Month) (Day) (Year)

8. AGE: 80 Years Months II Days 4 If less than one day
hr. _____ min. _____

Immediate cause of death Myocarditis
No known nephritis

Due to _____

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

10. Usual occupation Laborer.

Due to Enlarged Prostate

Other conditions 13/f
(Include pregnancy within 3 months of death)

11. Industry or business Car Foundry.

12. Name Frederick Kiel.

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

14. Maiden name Augusta Strocker.

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Steve Drake

(b) Address Palmyra, Mo.

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? _____

17. (a) Burial. (b) Date thereof Jan. 14, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Palmyra, Mo.

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

18. (a) Signature of funeral director S J Sweeney

(b) Address Palmyra, Mo.

19. (a) Jan. 14-42 (b) Mrs Margaret M. S. Dot
(Date received local registrar) (Deputy Registrar's signature)

23. Signature E M Lulle (M. D. or other) _____

Address Hamburg, Mo Date signed Jan 6 42

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. J. Sprague

Licensed Embalmer No. 3245.....

P. O. Address Palmyra, 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.