

No. 2
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-17-39
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAR 20 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6560

State File No. _____

Registration District No. 297

Primary Registration District No. 3A66

Registrar's No. 14

1. PLACE OF DEATH: Franklin
 (a) County
 (b) City or town: Washington Town
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 406 Greenont 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: no (Specify whether years, months or days)
 In this community: 36 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: Franklin
 (c) City or town: Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Washington R.F.D. #1 W.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? years.

3. (a) PRINT FULL NAME: EMMA MINNIE KAISER

3. (b) If veteran, name war: No 3. (c) Social Security No. none

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married: Divorced Widowed
 6. (b) Name of husband or wife: Herman Kaisers 6. (c) Age of husband or wife if alive: years
 7. Birth date of deceased: April 1 1880 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	10	9	hr. min.

9. Birthplace: New Haven Missouri (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Own Home

12. Name: August Sermann

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

14. Maiden name: Mary Strodtmann

15. Birthplace: Augusta Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Clarence Conrads

(b) Address: Washington, Missouri R.F.D. #1 W.

17. (a) Burial (b) Date thereof: Feb. 13 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Washington, Missouri

18. (a) Signature of funeral director: Nichols & Witt, Inc.

(b) Address: Washington, Missouri

19. (a) FEB 11 1942 (Date received local registrar) (b) Lucille Ruelter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: February day: 10 year: 1942 hour: 4 minute: 30 A. M.

21. I hereby certify that I attended the deceased from Feb 7 1941 to Feb 10 1942 and that I last saw her alive on Jan 3 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy Duration: From Oct 41

Due to: _____

Due to: _____ 43a

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

Major findings: None Of operations

Of autopsy: NO

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): No

(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) (e) Means of injury

23. Signature: C.F. Goodrich (M.D. or other) 42

Address: Washington Mo. Date signed: _____

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

MOTHER FATHER

Goodrich

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 Me

Lester A. Pitt

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Lester A. Pitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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, fact should be so stated above.