

FILED MAY 19
Registration District No.

Primary Registration District No. 5937B

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

1. PLACE OF DEATH:

(a) County Falk

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

(c) Name of hospital or institution:
11 miles N.E. of Balvian
(If not in hospital or institution, write street number or location)

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

In this community lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Falk

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

(d) Street No. 11 miles N.E. of Balvian
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME George Schmeckley Kaudle

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar, day 25, year 1942, hour 5:10 minute P. M.

21. I hereby certify that I attended the deceased from March 20 to March 25, 1942.

that I last saw h..... alive on 25th Mar, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death:
acute indolent fever

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ann Kaudle 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: Aug. 1, 1874
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 24 If less than one day hr. min.

9. Birthplace Jacobs County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER

12. Name George Adams Kaudle

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

14. Maiden name Elizabeth Schmeckley

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

16. (a) Informant George J. Hale

(b) Address Falk, Mo.

17. (a) Burial (b) Date thereof Mar. 27, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Arwin and Blue

(b) Address Balvian, Mo.

19. (a) April 18, 1942 (b) Martha Bush
(Date received local registrar) (Registrar's signature)

Duration

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

Major findings:
Of operations.....

Of autopsy.....

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).....

(b) Date of occurrence.....

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 Doyle Udson (M. D. no)
Address Balvian Mo. Date signed.....

RECEIVED

District Health Officer No. 7,

District File Number 5-42-448

Date Filed 5-11-42

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

Richard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Salvador 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.