

FILED JUN 12 1942

Registration District No. 50

Primary Registration District No. 3004

Registrar's No. 25

1. PLACE OF DEATH:

(a) County: Bates

(b) City or town: Butler 1st
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Fulton Street 1
(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: Mo (b) County: Bates

(c) City or town: Butler
(If outside city or town limits, write "RURAL")

(d) Street No.: Fulton Street
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: Florence Mae Kaiser

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 27 day May
year 1942 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex: Female

5. Color or race: white

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

6. (b) Name of husband or wife: Henry Kaiser

6. (c) Age of husband or wife if alive: 47 years

7. Birth date of deceased: May 1, 1889
(Month) (Day) (Year)

that I last saw her alive on May 27, 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>0</u>	<u>26</u>	_____ hr. _____ min.

Immediate cause of death _____

Due to: Coronary Occlusion

Due to: Chc. myocarditis

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

9. Birthplace: Melbourne Australia
(City, town, or county) (State or foreign country)

10. Usual occupation: House wife

Major findings: _____

Of operations: _____

Of autopsy: _____

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name: John Mc Namara

13. Birthplace: Melbourne Australia
(City, town, or county) (State or foreign country)

14. Maiden name: Catherine Sheehan

15. Birthplace: Castle Maine
(City, town, or county) (State or foreign country)

16. (a) Informant: Henry Kaiser

(b) Address: Butler Mo

17. (a) Burial (b) Date thereof: May 29 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Wak Hill

18. (a) Signature of funeral director: Culvers

(b) Address: Butler Mo

19. (a) May 27, 1942 (b) Nina L. Culver
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury _____

23. Signature: Carter W. Luter (M. D. or other) MD

Address: Butler, Mo. Date signed: 5/29/42

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

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RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

6-42-635
6-10-42

SEP 19 1951

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.....

Licensed Embalmer No.....

P. O. Address.....

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.