U. S. No. 2
M—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21558

State File No. .....

Registration District No. 4 79 ..... Primary Registration District No. 4239 ..... Registrar's No. 32

52

1. PLACE OF DEATH:
(a) County Knox
(b) City or town Edina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Knox
(c) City or town Rutledge. (rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Benton Township
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Lawrence Kiefer
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertha Golbright
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Aug (Month) - 10 (Day) - 1879. (Year)

8. AGE: Years 62 Months 10 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Washington County. (City, town, or county) Iowa. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....
FATHER
12. Name Xavier Kiefer
13. Birthplace uk (City, town, or county) Germany. (State or foreign country)
MOTHER
14. Maiden name Katherine Triska
15. Birthplace uk. (City, town, or county) Hungary (State or foreign country)
16. (a) Informant Mrs Lawrence Kiefer
(b) Address Rutledge Mo.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof June-26-1942. (Month) (Day) (Year)
(c) Place: burial or cremation Rutledge Cemetary.
18. (a) Signature of funeral director Reed Hudson
(b) Address Edina Missouri
19. (a) 6/27/42 (Date received local registrar) (b) Nell Northcutt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1942 hour 5 minute 45 A.M.
21. I hereby certify that I attended the deceased from June 17, 1942 to June 24, 1942 that I last saw him alive on June 24, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Myocarditis
Due to Hypertension
Due to .....
Other conditions (Include pregnancy within 3 months of death) 93d
Major findings:
Of operations .....
Of autopsy .....

Duration

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 .....
(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 J. G. Schmit (M. D. or other) DO
Address Barring Mo. Date signed 6/25/42

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

MOL 51947

1 1 2 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-42-1411
Date Filed JUL 11 1942

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 Keith Hudson

Licensed Embalmer No. 2415

P.O. Address Edina, Missouri

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.