

21955

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 8 1942

Registration District No. 660

Primary Registration District No. 5878 4396

Registrar's No. 43

79  
JUL 3 - 1942  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Perry

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

(c) Name of hospital or institution: 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 Missouri (b) County 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8

(d) Street No. 3614 E. 57th St.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Eleanor Kaiser

3. (b) If veteran, name war \_\_\_\_\_ 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 Nicholas Kaiser 6. (c) Age of husband or wife if alive, \_\_\_\_\_ years

7. Birth date of deceased January 6, 1883  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>5</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph Netshammer

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

14. Maiden name Unknown

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

16. (a) Informant Mr. Vincent Kaiser C. M.

(b) Address St. Mary's Seminary, Perryville, Mo.

17. (a) Burial (b) Date thereof June 22, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cem. Kansas City, Mo.

18. (a) Signature of funeral director Ray Funeral Home

(b) Address Perryville, Mo.

19. (a) 6-19-42 (b) O. J. Greener  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th, year 1942 hour 12 minute 45 A. M.

21. I hereby certify that I attended the deceased from June 17, 1942, to June 18, 1942; that I last saw her alive on June 18, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, acute Duration 12 hours

Due to Intestinal obstruction, cause undetermined. 24 hours.

Due to Cholecystitis, chronic 122 1/2

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations Unknown.

Of autopsy Not done

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 1

23. Signature Herbert A. Tracy (M. D. or other) M. D.

Address Perryville, Mo. Date signed 6-19-42

509  
8/42

1115

JUL 6 - 1942

RECEIVED

District Health Officer No. 4  
District File Number 742-832  
7-2-42

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..... *Albert Bey* .....  
Licensed Embalmer No. 3866  
P. O. Address..... *Perryville, 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.