

FILED AUG 7 1942

State File No.

Registration District No. 8

Primary Registration District No. 5131

Registrar's No. 235

1. PLACE OF DEATH

(a) County Butler

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

(c) Name of hospital or institution R.D. # 21
(If not for hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 31 yrs (Specify whether years, months or days)

In this community 31 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Butler

(c) City or town Paplar Bluff
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Albert Clarence Kiser

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife Pauline Kiser 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Nov 22 1897
(Month) (Day) (Year)

8. AGE: Years 44 Months 7 Days 3 If less than one day: hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Paulus De Kiser

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

14. Maiden name Charlotta Rhodes

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

16. (a) Informant Pauline Kiser

(b) Address R-2, Paplar Bluff, MO.

17. (a) Burial (b) Date thereof 7-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cochran Cem.

18. (a) Signature of funeral director Black's Mortuary
(b) Address Corning Ark.

19. (a) 7-28-42 (b) Weller Turner
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July - day 25
year 1942 hour 9:05 minute 9 P. M.

21. I hereby certify that I attended the deceased from April 15
..... 19 42 to July 10 19 42
that I last saw him alive on July 10 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy

Due to Neuro Syphilis

Other conditions 30g
(Include pregnancy within 3 months of death)

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. D. Dwyer (M. D. or other) h-1
Address Paplar Bluff Date signed 7/26/42

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

RECEIVED

District Health Office No. 2,

District File Number 842-948

Date Filed 8-4-42

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, ~~one~~
....., Registered Apprentice No.
working under my personal supervision.

Signed

Leslie D. Russell
-
Licensed Embalmer No. 3855

P. O. Address

Coming Ark.

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.