S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 21 1942 / E.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27100

State File No. 1

Registration District No. ~~273~~ ..... Primary Registration District No. 5476 ..... Registrar's No. 28

36
0
0

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

1. PLACE OF DEATH:

(a) County FRANKLIN

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

(c) Name of hospital or institution: Rural, 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 60 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Rural (Labadie) 0
(If outside city or town limits, write "RURAL")

(d) Street No. Boles Twp. 0
(If rural, give location)

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

If yes name country none 0

3. (a) PRINT FULL NAME WILLIAM FREDERICK KIERSPE

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife single

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

7. Birth date of deceased MAY (Month) 25 (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	1	24	hr. min.

9. Birthplace Labadie (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation

11. Industry or business Farming

FATHER
12. Name William Kierspe
13. Birthplace Berlin (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Louise Paffrath
15. Birthplace Melrose (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs Amelia Kierspe
(b) Address Labadie, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/21/42 (Month) (Day) (Year)
(c) Place: burial or cremation Labadie - Mo.

18. (a) Signature of funeral director Otto & Co.
(b) Address Washington Mo.

19. (a) 7/20/42 (Date received local registrar) (b) Blanch C Fletcher (Registrar's signature)

MEDICAL CERTIFICATION 4:25 AM

20. DATE OF DEATH: Month July day 19
year 1942 hour 3 minute 1 M.

21. I hereby certify that I attended the deceased from 1939, 19 to 1942, 19;
that I last saw him alive on July 19 1942, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Avenomas of the stomach.

Due to

Due to

Other conditions
(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.

46 b

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] M 15 (M. D. or other)
Address Washington Mo Date signed July 20 42

1118

(Licensed Embalmer's Statement on Reverse Side)

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 none, Registered Apprentice No. none, working under my personal supervision.

Signed Henry W. Otto

Licensed Embalmer No. 3560

P. O. Address Washington

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.