

7. S. No. 2  
DM-9-4-41  
Rev. 5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27919

State File No. ....

FILED SEP 10 1942

Registration District No. ....

Primary Registration District No. 5942

Registrar's No. 98

1. PLACE OF DEATH:

(a) County Shepherd

(b) City or town Rural  
(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)

In this community..... (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shepherd

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

(d) Street No. Route 102  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Joel H. Kaiser

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 10 year 1942 hour 2:15 P minute 9 A.M.

21. I hereby certify that I attended the deceased from Jan 1940 to Aug 10 1942

that I last saw him alive on July 13 1942 and that death occurred on the date and hour stated above.

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

(b) Name of husband or wife Anna Kaiser 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... (Month) (Day) (Year)

Immediate cause of death Carcinoma of the sigmoid flexure of the colon

Due to.....

Due to.....

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

8. AGE: Years 62 Months 9 Days 9 If less than one day hr. min.

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

10. Usual occupation Meat Market Retail

11. Industry or business.....

12. Name Henry Kaiser

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

14. Maiden name Anna

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

16. (a) Informant Mrs Anna Kaiser

(b) Address Rural, Mo

17. (a) Burial (b) Date thereof Aug 12, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Rural, Mo

18. (a) Signature of funeral director Walter Egan

(b) Address Rural, Mo

19. (a) 8-11-1942 (b) W. J. Ollshelker (Date received local registrar) (Registrar's signature)

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 Walter Egan (M. D. or other)

Address Rural, Mo Date signed 8-13-42

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

8100

#8

OCT 2 1942

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**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 me  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed S. L. W. Jones  
Licensed Embalmer No. 3397  
P. O. Address Rose, 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.**