

FILED OCT 10 1942

State File No. _____

Registration District No. 170

Primary Registration District No. 4182

Registrar's No. 72

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

1. PLACE OF DEATH: Franklin
 (a) County: Franklin
 (b) City or town: New Haven Mo
 (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 8 years (Specify whether)
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 36
 (a) State: MISSOURI (b) County: FRANKLIN
 (c) City or town: NEW HAVEN
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME: Mary Kies
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept., day 27th.
 year 1942 hour 11 minute 15 P.
 21. I hereby certify that I attended the deceased from February
5, 1941, to Sept 27, 1942
 that I last saw her alive on Sept. 27
 and that death occurred on the date and hour stated above. 1942

4. Sex: Female 5. Color or race: W.
 6. (a) Single, widowed, married: 2 divorced
 (b) Name of husband or wife: Theophilus Kies
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Jan 23 1859
 (Month) (Day) (Year)

Immediate cause of death: Apoplexy Duration: 18 1/2 hrs

8. AGE: Years 83 Months 9 Days 4
 If less than one day _____ hr. _____ min.

Due to _____
 Due to 83a

9. Birthplace: Berger Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation: House Wife

Other conditions: _____
 (Include pregnancy within 3 months of death)

11. Industry or business: _____

MOTHER FATHER { 12. Name: Geo Kratt
 13. Birthplace: Foreign
 (City, town, or county) (State or foreign country)

Major findings: no operation
 Of operations: _____
 Of autopsy: no autopsy
 PHYSICIAN: _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER { 14. Maiden name: Don't Know
 15. Birthplace: Don't Know
 (City, town, or county) (State or foreign country)

16. (a) Informant: Thy Kappelmans
 (b) Address: New Haven Mo

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? _____

17. (a) Burial (b) Date thereof: Oct 1 42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Burber Hill Ill

18. (a) Signature of funeral director: W. C. Creste
 (b) Address: New Haven Mo

While at work: _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature: B. P. Cisumam (M. D. or other) MD.
 Address: New Haven Mo Date signed: 9/27/42

19. (a) Sept 29 1942 (b) Calvin England
 (Date received local registrar) (Registrar's signature)

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

Earl Fertig

Licensed Embalmer No.

33,85

P. O. Address

Herrmann 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.