

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

38213
Do not use this space.

FILED DEC 14 1942

1. PLACE OF DEATH
 (a) County SALINE Registration District No. 923
 (b) Township SAYPOND Primary Registration District No. 6091 Registered No. 83
 (c) City _____ (d) Street No. 1 _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME DORR KEINNER.
 (a) Residence, No. SALINE Co. Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. D. KEINNER
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE, 4TH, 1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 5 9
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE KEEPER
 9. Industry or business in which work was done, as saw mill, bank, etc. AT HOME
 10. Date deceased last worked at this occupation (month and year) 1940 11. Total time (years) spent in this occupation 40
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SALINE Co Mo
 FATHER 13. NAME August KUECKER
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY
 MOTHER 15. MAIDEN NAME MARIE VIEBROCK
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY
 17. INFORMANT Mrs August Kuecker
 (ADDRESS) Oldham Springs, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE same as above DATE 11/17/42
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) P. C. CARTER
SWEET SPRINGS, Mo
 20. FILED 11/17 1942 Don Hoffman
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14 1942
 22. I HEREBY CERTIFY That I attended deceased from Sept 26 1930 to Nov 14 1942
 I last saw him alive on Nov 14 1942 Death is said to have occurred on the date stated above, at 1:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis with Hy- Date of onset
pertension 1930
13/0
 Other contributory causes of importance:
Acute Edema of the Lungs Nov. 14
1942
 Name of operation none Date of _____
 What test confirmed diagnosis? Urinalysis Was there an autopsy? no
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) A. H. Rung M. D.
 (Address) Sweet Springs, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9-19-38
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RECEIVED

District Health Officer No. 8,

City Director

12-11-42

DEC 28 1942

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 *R. C. Carter*

Licensed Embalmer No. *3513*

P. O. Address *San Diego, 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, above space should be left blank.