

FILED JAN 15 1949

Registration District No. ....

Primary Registration District No. 4263

5200  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Novelty  
(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 43 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox

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

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

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

3. (a) PRINT FULL NAME Agnes Leah Kaser

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29 year 1949 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 1949 to Nov 29 1949 and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Theodore W. Kaser

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

7. Birth date of deceased Oct - 11 - 1869  
(Month) (Day) (Year)

Immediate cause of death Apoplexy

Due to Hypertension

Due to.....

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

8. AGE: Years 73 Months I Days 18 If less than one day hr. min.

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN Nov 1st to 29 1949

9. Birthplace Elveston Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business.....

MOTHER FATHER {

12. Name Peter J. Sinele

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

14. Maiden name Anna J. Jolidon

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

16. (a) Informant V. S. Kaser

(b) Address 2815 E 5th St Long Beach, Calif

17. (a) Burial (b) Date thereof Dec-4-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Locust Hill, Mo.

18. (a) Signature of funeral director Keith Jackson

(b) Address Edina, Minn.

19. (a) Dec 4 - 42 (b) Nelle Northcutt  
(Date received local registrar) (Registrar's signature)

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 Holmes D.D. (M.D. or other)

Date signed December 3, 1949

**RECEIVED**

District Health Officer No. 10,

District File Number 1-43-148

Date Filed JAN-13-1943

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

Signed.....

*Keith Hudson*

Licensed Embalmer No.....

2415

P. O. Address.....

Edina, 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.