

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 6 1943
277

3052

Registrar's No. 62

Registration District No. _____ Primary Registration District No. _____

80
6
4

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

1. PLACE OF DEATH:

(a) County PETTIS

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

(c) Name of hospital or institution: 1309 1/2 W 3rd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Mo (Specify whether years, months or days)

In this community 5 Mo (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PETTIS

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

(d) Street No. R.F.D. # 1
(If rural, give location)

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

3. (a) PRINT FULL NAME ANNA KEUPER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MAR.

6. (b) Name of husband or wife E.L. KEUPER 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased FEB 4 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace BENTON, CO. MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER

12. Name JOHN CARDES

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

14. Maiden name MARGARET KROENCKE
(City, town, or county) (State or foreign country)

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

16. (a) Informant MRS. NORA K. STEELE

(b) Address SEDALIA MO.

17. (a) BURIAL (b) Date thereof 2-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEM. PARK

18. (a) Signature of funeral director Geo Willard

(b) Address Sedalia, Mo

19. (a) 2-25-43 (b) Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 23 year 1943 hour 11 minute 30 A.

21. I hereby certify that I attended the deceased Wm D 1943 to Feb 23 1943 that I last saw him alive on 2-22 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute dilatatory Heart Failure

Due to: Hypertension

Due to: Arteriosclerosis

Other conditions: Chronic Nephritis
(Include pregnancy within 6 months of death)

Major findings: None
Of operations: None

Of autopsy: None

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Wm D (M. D. or other) M.D.
Date signed 2-24-43

Duration
1 hr.
1 yr.
3 yrs?
PHYSICIAN
Underline the cause to which death should be charged statistically.

1022

RECEIVED

District Health Officer No. 8;

District File Number _____

Date Filed 3-4-43

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

L. E. Boulestin

Licensed Embalmer No.

3867

P. O. Address

Boulstin

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.