S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1943

Registration District No. 2 73

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3051

State File No. 11043

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Perryville 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 69-4-28
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 79

(a) State Missouri (b) County Perry /

(c) City or town Perryville Mo. /
(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 0

3. (a) PRINT FULL NAME Minnie Kaiser

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Fritz Kaiser

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

7. Birth date of deceased October 15 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 28 If less than one day hr. min.

9. Birthplace Perry Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Ernst Yamitz
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Clara Bangert
15. Birthplace Bollinger Co. (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs John Bangert
(b) Address Perryville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-16-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.

19. (a) 3-15-43 (Date received local registrar) (b) Thos J Elder (Registrar's signature)

1580 808

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1943 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 1, 1943 to Month 13, 1943
that I last saw her alive on March 13, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Liver	6 mon
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

46 f

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Oscar A Carron (M. D. ~~or other~~)
Address Perryville, Mo Date signed 3-15-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 443-20

Date Filed 4-7-43

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 Edward L. Young

Licensed Embalmer No. 2138

P. O. Address Reynolds 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.