

5. No. 2  
9-4-41  
5-17-39  
PI X2248

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

22683

State File No. \_\_\_\_\_

FILED JUL 10 1943 263

Registration District No. 263

Primary Registration District No. 6236

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Rural-- Charratte Twmsp.  
(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 \_\_\_\_\_  
In this community All of his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 109

(a) State Missouri (b) County Warren

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

(d) Street No. Two miles N. W. of Holstein  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Gustave Ernest Kienker

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josephine Kienker 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased February 4 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83	3	15	hr. _____ min.
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9. Birthplace Holstein Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Rudolph E. Kienker

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmine Dothage

15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs August Niemeyer

(b) Address Trefoil Mo.

17. (a) Burial (b) Date thereof May 22, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holstein, Ky. Cem.

18. (a) Signature of funeral director Fred W. Lichtenberg

(b) Address Marthasville, Missouri

19. (a) May 22, 1943 (b) Echel Rehr  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th year 1943 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from May 1 1943 to May 12 1943  
that I last saw him alive on May 1943 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Cerebral Hemorrhage 1 day

Due to General arteriosclerosis 10 yrs

Due to securitry 10 yrs

Other conditions (Include pregnancy within 3 months of death) g3a!

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_ Underline the cause to which death should be charged statistically.

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature Herbert A. Schmidt (Specify type of place) (e) Means of injury \_\_\_\_\_ (M. D. or other) MS

Address Marthasville Mo Date signed 5-21-43

1263

(Licensed Embalmer's Statement on Reverse Side)

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

79  
00

**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 Fred W. Lightenberg  
Licensed Embalmer No. 13218  
P. O. Address Marthasville, N.C.

**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.**