

S. No. 2  
-1-4-41  
5-17-39  
X223

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 21527

Registration District No. 45

Primary Registration District No. 464

Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Kidder 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 62 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell

(c) City or town Kidder Mo.  
(If outside city or town limits, write "RURAL")

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

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

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

3. (a) PRINT FULL NAME John Albert Presse

(b) If veteran, name war No

(c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1  
year 1943 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 1 - 43  
July 1, 1943 to July 1, 1943;  
that I last saw him alive on July 1, 1943  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Rosa Presse

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased June 11 1854  
(Month) (Day) (Year)

Immediate cause of death  
old age

Due to \_\_\_\_\_

Due to General emaciation

Other conditions (include pregnancy within 5 months of death)  
162 lb

8. AGE: Years 89 Months 0 Days 30 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

Major findings:  
Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

12. Name Case Presse

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

14. Maiden name unknown

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

16. (a) Informant J.W. Presse

(b) Address Kidder Mo.

17. (a) Burial (b) Date thereof July 4 - 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kidder Cemetery

18. (a) Signature of funeral director H. F. Jewell

(b) Address Kidder Mo.

19. (a) July 4 1943 (b) \_\_\_\_\_  
(Date received local registrar) (Date of death)

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 H. L. Dorsey (M. D. or other) \_\_\_\_\_

Address Kidder Mo. Date signed July 3 - 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.

*myself*

Signed..... *H. F. Powell*.....  
Licensed Embalmer No..... *1804*.....  
P. O. Address..... *Wilder 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.**