

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

Registration District No. 107

Primary Registration District No. 3019

**1. PLACE OF DEATH:**

(a) County Dunklin

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** Mary Elizabeth Kaiser

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 married

(b) Name of husband or wife H. W. Kaiser

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Jan 30 1878  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>71</u>	<u>0</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace Ill. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

**MOTHER** { 12. Name Marion Hester

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

14. Maiden name Beanette Epison

15. Birthplace Ill. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant H. W. Kaiser

(b) Address Kennett, Mo.

17. (a) Burial (b) Date thereof 1-9-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakridge

18. (a) Signature of funeral director E. Mason, & Son

(b) Address Hammersville, Missouri

19. (a) Jan 8-44 (b) J. H. Blankenship  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Dunklin

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

(d) Street No. 129 Whitnes  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 5  
year 1944 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan 1 to Jan 5  
1944, and that death occurred on the Jan 4 date and hour stated above.

Immediate cause of death Arterio-sclerotic Valvular Heart Disease - 3 years

Due to Influenza 5 days

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 93

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

Duration \_\_\_\_\_

**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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 1

23. Signature Samuel Gilman, D.O. (M. D. or other) \_\_\_\_\_  
Address Kennett 710 Date signed 1-8-44

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

35  
2  
2

X35697

Hilmar

RECEIVED

District Health Office No. 2,

District File Number 244-236

Date Filed 2-3-44

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**