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

2/22

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8627

Registration District No. 362 Primary Registration District No. 6232 Registrar's No. 10

1. PLACE OF DEATH:
(a) County Warren
(b) City or town Rural - Bridgeport Twnp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 mi. East of McKittrick
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 58 years

2. USUAL RESIDENCE OF DECEASED: 107
(a) State Missouri (b) County Warren 0
(c) City or town Rural -- Bridgeport Twnp
(If outside city or town limits, write "RURAL")
(d) Street No. 4 mi. East of McKittrick
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MRS. SADIE KIDERLEN
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
6. (b) Name of husband or wife Fritz Kiderlen
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased January (Month) 11 (Day) 1886 (Year)

8. AGE: Years 58 Months 1 Days 5 If less than one day hr. min.

9. Birthplace Gore (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Hwf.
11. Industry or business
FATHER 12. Name William Smith
13. Birthplace Tenn. (City, town, or county) (State or foreign country) 1
MOTHER 14. Maiden name Mary Kraettli
15. Birthplace Swiss, Missouri (City, town, or county) (State or foreign country) 0
16. (a) Informant Fritz Kiderlen
(b) Address Gore, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/44 (Month) (Day) (Year)
(c) Place: burial or cremation Loutre Island Cemetery
18. (a) Signature of funeral director Hugo H. Blumer
(b) Address Hermann, Missouri
19. (a) Feb 19 1944 (Date received local registrar) (b) John A. Bebermeyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16 year 1944 hour 9:10 PM minute M.
21. I hereby certify that I attended the deceased from Dec 10, 1944, to Feb 16, 1944 that I last saw her alive on February 16, 1944 and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma of Liver — Duration 3 Mos
Due to
Due to
Other conditions Gallstones (Include pregnancy within 3 months of death)
Major findings: Of operations Gallstones, Carcinoma of Liver
Of autopsy

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 F. J. Wessling (M. D. ~~or other~~)
Address Hermann Mo Date signed 2-17-44

1264 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 3-13-44

MAR 20 1944

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 August Blumer

Licensed Embalmer No. 3160

P. O. Address Hermann, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.