

V. S. No. 2
100M-543
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21890**

FILED JUN 22 1944
Registration District No. **770**

Primary Registration District No. **3033**

Registrar's No. _____

53
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2

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

1. PLACE OF DEATH:

(a) County Laclede

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

(c) Name of hospital or institution:
332 W. Pierce
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53

(c) City or town Labanon
(If outside city or town limits, write "RURAL") 2

(d) Street No. 332 W. Pierce
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME LEONARD Joseph KAFFENBERGER

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

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mollie Walser

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased April 1 1859
(Month) (Day) (Year)

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

85 2 _____ hr. _____ min.

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

10. Usual occupation Retired Merchant

11. Industry or business Bakery

12. Name Leonard L. Kaffenberger

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

14. Maiden name Barbara Schmitz

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

16. (a) Informant Mrs. L. J. Kaffenberger

(b) Address 332 W. Pierce, Labanon, Mo.

17. (a) Burial (b) Date thereof 6-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Labanon Catholic Cem.

18. (a) Signature of funeral director Palmer

(b) Address Labanon, Mo.

19. (a) 6-5-44 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1944 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from Apr-7-44
1942 to June 2, 1944
that I last saw him alive on June 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Paralysis -
Cardiac Decompensation

Due to _____

Due to _____

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 95c

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 2

23. Signature J. H. Bohrer (M. D. or other) D.O.
Address Labanon, Mo. Date signed 6/2/44

Received

Laclede County Health Unit

File No. 5-44-72

Date filed 6/21/44

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 *Allyn Detherage*

Licensed Embalmer No. 4333

P. O. Address *Lubano, 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.