S. No. 2
1—8-43
5-17-39
I X37623

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1944

Registration District No. 55

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 30687

Primary Registration District No. 4080

Registrar's No. 84

**1. PLACE OF DEATH:**

(a) County Carroll

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

(c) Name of hospital or institution: Dr. Haskell Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Hour. (Specify whether years, months or days)

In this community Life Time

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Carroll

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

(d) Street No. East Second Street (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Claudine Exallee Kirsten

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Fem

5. Color or race White

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

6. (b) Name of husband or wife No

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased January (Month) 22 (Day) 1938 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 6. | 7 | 0 | hr. min. |

9. Birthplace Norborne Mo Carroll County (City, town, or county) (State or foreign country)

10. Usual occupation At Home & School

11. Industry or business

FATHER
12. Name Erich Kirsten
13. Birthplace Norborne Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Edna
15. Birthplace Kansas City Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Erich Kirsten
(b) Address Norborne Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep. 1 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Hayhaven Cemetery.

18. (a) Signature of funeral director John Deitch
(b) Address Norborne Mo.

19. (a) 8-31-1944 (Date received local registrar) (b) John G Deitch Dep (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 28 year 1944 hour 8 minute 00 P.M.

21. I hereby certify that I attended the deceased from June 16, 1944 to Aug. 28, 1944 that I last saw her alive on Aug. 28, 1944 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Tonsillitis | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) Hypothyroidism | ? |

Major findings:
Of operations
Of autopsy

63 P

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

23. Signature Ralph J Haskell (M. D. or other) M D

Address Norborne, Mo Date signed 8-31-44

(rec. 9-29-44 Mae R.) (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 10-11-47

NOV 15 1955

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 me, Registered Apprentice No. working under my personal supervision.

Signed John G Deitch

Licensed Embalmer No. 3654

P. O. Address Naylone 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.**