

FILED OCT 13, 1944  
Registration District No. **186**

Primary Registration District No. **2001**

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

1. PLACE OF DEATH:

(a) County **Jasper**  
(b) City or town **Joplin**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1411 Hill Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **37 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper** **49**  
(c) City or town **Joplin** **2**  
(If outside city or town limits, write "RURAL") **3**  
(d) Street No. **1411 Hill Street**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Charles Herman Kiecker**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **491-01-3407**

4. Sex **male** 0 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Katherine Kiecker** 6. (c) Age of husband or wife if alive **47** years  
7. Birth date of deceased **March 29, 1891**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**53** **5** **21** \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Vinita Oklahoma**  
(City, town, or county) (State or foreign country)

10. Usual occupation **storeroom keeper**

11. Industry or business **Eagle-Picher**

MOTHER FATHER { 12. Name **Herman Kiecker**  
13. Birthplace **Germany** 4  
(City, town, or county) (State or foreign country)  
14. Maiden name **not known**  
15. Birthplace **not known** 9  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Katherine Kiecker**

(b) Address **1411 Hill, Joplin, Missouri**

17. (a) **burial** (b) Date thereof **9/22/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ozark Memorial Park**

18. (a) Signature of funeral director **PARKER-HUNSAKER**

(b) Address **1502 Joplin, Joplin, Missouri**

19. (a) **9-22-44** (b) *[Signature]*  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **19**  
year **1944** hour **11** minute **45** P.M.

21. I hereby certify that I attended the deceased from **Sept 7**  
19 **44** to **Sept 19**, 19 **44**  
that I last saw him alive on **9-11-44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Heart Disease**  
**Hypertension**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings: **102**  
Of operations \_\_\_\_\_  
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 \_\_\_\_\_  
23. Signature *[Signature]* (M. D. or other) **2**  
Address **2114 Joplin** Date signed **9/21/44**

44-10-2802

NOV 28 1944

AUG 30 1945

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.