

FILED NOV 8 1944
 Registration District No. **1849**

Primary Registration District No. **4773**

Registrar's No. **74**

400

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

1. PLACE OF DEATH:
 (a) County Holt
 (b) City or town Maitland
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 In this community 1
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Madison
 (c) City or town Maitland
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Cassius Jerome Kieffer
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 3
 year 1944 hour 12 minute 14 P. M.
 21. I hereby certify that I attended the deceased from 9/26/44
 _____, 1944, to 10/13, 1944;
 that I last saw him alive on October 3, 1944;
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Mrs Stella Kieffer 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased May 25 1879
 (Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis Duration 3 weeks
 Due to Artic. reburitation 2 years

8. AGE: Years 64 Months 4 Days 8 If less than one day hr. min.
 9. Birthplace Near Oregon 0 Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Night Watchman

Due to Cardio-Vascular-Renal disease years
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations 131a
 Of autopsy _____

MOTHER FATHER
 11. Industry or business _____
 12. Name Samuel B Kieffer
 13. Birthplace Wagoner, Okla
 (City, town, or county) (State or foreign country)
 14. Maiden name Charlotte Erson
 15. Birthplace Wagoner, Indian
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant P. C. Roebert
 (b) Address Maitland, Missouri
 17. (a) Burial (b) Date thereof 10-6-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation J. O. F. Graham Mo
 18. (a) Signature of funeral director Campbell Funeral Home
 (b) Address Manville, Missouri
 19. (a) Oct. 9-1944 (b) Pauline Rawson
 (Date received local registrar) (Registrar's signature)

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 M. C. Jewell (M. D. or other) D.O.
 Address Maitland, Mo Date signed 10/6/44

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.....

Margie Lulu Campbell Registered Apprentice No. *360*
working under my personal supervision.

Signed: *William Campbell*

Licensed Embalmer No. *3670*

P. O. Address *Mayville 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.