

FILED DEC 12 1944

Registration District No. _____

Primary Registration District No. 4459

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Clair
(b) City or town Osceola
(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 _____ (Specify whether)
In this community 34 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair
(c) City or town Osceola
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24
year 1944 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from
2-14, 1941 to 11-24, 1944;
that I last saw him alive on 11-24, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis 3 yrs.
Due to Arteriosclerosis

Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 93d
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 _____
23. Signature T.H. Jaeger, Jr. (M. D. or other) M.D.
Address Osceola, Mo. Date signed 11/24/44

3. (a) PRINT FULL NAME Martha Lee Kiefer

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Harry Smith Kiefer
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: June 3 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 5 21 hr. _____ min.

9. Birthplace Buchanan County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business _____

12. Name Unknown Berryhill

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

14. Maiden name Unknown

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

16. (a) Informant John D. Kiefer

(b) Address Osceola Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-26-44
(Month) (Day) (Year)

(c) Place: burial or cremation Appleton City Missouri

18. (a) Signature of funeral director Osceola Funeral Home

(b) Address Osceola Missouri

19. (a) 11-26-1944 (Date received local registrar)
(b) T.H. Jaeger (Registrar's signature)

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

MOTHER FATHER

1102

RECORDED

Case No. 7,

11-44-1404

Date Filed 12-11-44

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 Paul J. [Signature]

Licensed Embalmer No. 3990

P. O. Address Alcala 2nd

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.