

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38196**

Registration District No. **275** Primary Registration District No. **3053** Registrar's No. **135**

1. PLACE OF DEATH:
 (a) County **Phelps**
 (b) City or town **Rolla**
 (c) Name of hospital or institution: **Nelle McFarland Memorial Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **11 days** (Specify whether years, months or days)
 In this community **11 days**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Osoage**
 (c) City or town **Belle** (If outside city or town limits, write "RURAL")
 (d) Street No. **11** (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **1**

3. (a) PRINT FULL NAME **Leon Kachenberger**
 (b) If veteran, name war
 (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct.** day **14,** year **1945** hour **1** minute **45 P.** M.
21. I hereby certify that I attended the deceased from **Oct 3,** 1945, to **Oct 14,** 1945;
 that I last saw her alive on **Oct 14,** 1945;
 and that death occurred on the date and hour stated above.

4. Sex **Female** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **S. O**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased **April 6, 1938**
 (Month) (Day) (Year)

Immediate cause of death **General glandular deficiency** Duration
 Due to
 Due to

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

Other conditions **Acute appendicitis**
 (Include pregnancy within 3 months of death)
 Major findings: **Appendectomy 10-3-45**
 Of operations
 Of autopsy

9. Birthplace **Belle, Mo.**
 (City, town, or county) (State or foreign country)
10. Usual occupation

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?

11. Industry or business
12. Name **James Eltha Kachenberger**
13. Birthplace **Belle, Mo.**
 (City, town, or county) (State or foreign country)
14. Maiden name **Hannah Wolfe**
15. Birthplace **Meda, Mo.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **James Kachenberger**
 (b) Address **Belle, Mo.**
17. (a) Removal (b) Date thereof **Oct. 16, 1945**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation

23. Signature **Alvin M. Farlow** (Specify type of place) (e) Means of injury
 Address **Rolla, Mo.** Date signed **10-15-45**

18. (a) Signature of funeral director **Clyde Norton**
 (b) Address **Linn, Missouri**
19. (a) Oct. 14, 1945 (b) **Juanita Starvey**
 (Date received local registrar) (Registrar's signature)

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

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn, 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: