. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41890

State File No.

FILED JAN 11 1946

Registration District No. 225 Primary Registration District No. 4335 Registrar's No. 74

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town Tipton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
(Specify whether
In this community
years, months or days) 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau 68
(c) City or town Tipton 2
(If outside city or town limits, write "RURAL")
(d) Street No. --
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Native

3. (a) PRINT FULL NAME Mary Christiana Kaune

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife -

6. (c) Age of husband or wife if alive years

7. Birth date of deceased February (Month) 21st (Day) 1888 (Year)

8. AGE: Years 57 Months 9 Days 1 If less than one day hr. min.

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

10. Usual occupation House work

11. Industry or business Home

MOTHER FATHER
12. Name Christian Kaune
13. Birthplace - Germany (City, town, or county) (State or foreign country)
14. Maiden name Margaret Arnold
15. Birthplace Cincinnattie Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm Stanley
(b) Address Tipton, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/24/45 (Month) (Day) (Year)
(c) Place: burial or cremation Clarksfork Cemetery Cooper County, Mo

18. (a) Signature of funeral director Jewell E. Richards
(b) Address Tipton, Mo.

19. (a) 11-24-45 (Date received local registrar) (b) Mrs. Maude Hudson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22nd
year 1945 hour 5 minute 55 A. M.

21. I hereby certify that I attended the deceased from September Tenth, 1945, to November 22, 1945; that I last saw h. alive on Nov. 21, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	2 weeks
Due to Chronic Glomerulonephritis	4 yrs
Terminal nephritis	
Due to Hypertension	
Other conditions Carcinoma of stomach with metastatic disease in lung (Include pregnancy within 3 months of death)	

Major findings:
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. Frank C. Kempark (M. D. or other) (D.O.)
Address Tipton, Mo. Date signed 11-22-45

1631

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 1-10-46

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 James E. Richards
Licensed Embalmer No. 2466
P. O. Address Tipton, Ind.

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.