

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

FILED JAN 15 1946
373

State File No. 42793

Registration District No. Primary Registration District No. 6266

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Rural High Prairie Twp
(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 x
(Specify whether)

In this community wife
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Rural
(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 x

3. (a) PRINT FULL NAME Emmer A. Kistner

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife hee Kistner

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased May - 3 - 1879
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Dec 7 - 1945 to 1945
that I last saw her alive on Dec 7, 1945; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>7</u>	<u>4</u>	<u>x</u> hr. <u>x</u> min.

9. Birthplace Webster Co Missouri
(City, town, or county) (State or foreign country)

Immediate cause of death Carcinoma of stomach and intestines

Duration unknown

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name Matt Forkner

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

14. Maiden name Sally King

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

16. (a) Informant hee Kistner

(b) Address Marshfield, Mo.

17. (a) Burial (Burial, cremation, or other) (b) Date thereof 12-9-45
(Month) (Day) (Year)

(c) Place: burial or cremation Taylor Cemetery

18. (a) Signature of funeral director Ray Rainey

(b) Address Marshfield, Missouri

19. (a) 12-11-45 (Date received local registrar) (b) J. J. McKinney (Registrar's signature)

Major findings: Of operations 46K

Of autopsy _____

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 A.E. Palk (M. D. or other) MB

Address Marshfield Mo Date signed 12-10-45

1505

(Licensed Embalmer's Statement on Reverse Side)

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..... *Lex Lauer*
Licensed Embalmer No. *3312*
P. O. Address *Marshall 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.