

FILED JUN 12 1946

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: SPRINGFIELD Baptist Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Hour
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Rural Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. Route # 2
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joe Kaisler

3. (b) If veteran, name war No

3. (c) Social Security No. UNK

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie Kaisler
6. (c) Age of husband or wife if alive UNK years
7. Birth date of deceased March 19, 1886
(Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 11
If less than one day hr. min.

9. Birthplace Cleveland Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business _____

MOTHER FATHER
12. Name Frank Kaisler
13. Birthplace Unknown Czechoslovakia
(City, town, or county) (State or foreign country)
14. Maiden name Carrie Watson
15. Birthplace Unknown Czechoslovakia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joe Kaisler
(b) Address Route # 2, Springfield, Mo.
17. (a) Burial (b) Date thereof 6/2/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H. H. Lohmeyer
(b) Address Springfield, Mo.
19. (a) 6-1-46 (b) BY W. S. Hensley
(This received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1946 hour 1:00 minute a. M.

21. I hereby certify that I attended the deceased from 29 May, 1946, to 30 May, 1946;
that I last saw him alive on 30th May, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3 hr.

Due to Hypertension

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations g30
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? _____

While at work? (Specify type of place) _____ (e) Means of injury _____

23. Signature H. Wendell Stewart (M. D. optional) MD.
Address 808 Woodruff Bldg. Date signed June 1946

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.....

Roy H. Mercer Jr.

Registered Apprentice No. **380**

working under my personal supervision.

Signed.....

Walter E. Hamilton

Licensed Embalmer No. **3808**

P. O. Address..... **Springfield, 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.

X