S Nov 2
OM—5-43
v. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 10 1946

State File No. 27969

Registration District No. 274 Primary Registration District No. 5936 Registrar's No. 353

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Smithton Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 4 month years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 86
(c) City or town Smithton Rural (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Maggie Kahrs
3. (b) If veteran, name war
3. (c) Social Security No. Kahrs

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John H. Kahrs
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased 11 (Month) — 9 (Day) — 1859 (Year)

8. AGE:

Years	Months	Days	If less than one day
86	9	7	hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name John Vajen 4
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Kathryn Lackman
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs Vernon Monsees
(b) Address Smithton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 19 (Day) 46 (Year)
(c) Place: burial or cremation Lake Creek Methodist
18. (a) Signature of funeral director A. F. Neumeyer
(b) Address Smithton Mo
19. (a) 8-29-46 (Date received local registrar) (b) Betty Yeager Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16th year 1946 hour 3:00 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 1st 1946, to Aug 15 1946 that I last saw her alive on Aug 15th 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	
Due to Malnutrition, Avitaminosis and Dehydration	
Due to	
Other conditions (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 2

23. Signature Byron L. Duncan (M. D. or other) DO
Address Sedalia, Missouri Date signed 8-17-46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 9-7-46

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: A. F. Neumeyer

Licensed Embalmer No. 3912

P. O. Address: Smithton 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.