. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41362

State File No.

Registration District No. 209 Primary Registration District No. 5767 Registrar's No. 59

1. PLACE OF DEATH:

(a) County Marion

(b) City or town West Ely
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution South River Township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 76 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town West Ely
(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

3. (a) PRINT FULL NAME Christine K. Kaden

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William J. Kaden

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

7. Birth date of deceased November (Month) 24 (Day) 1858 (Year)

8. AGE: Years 88 Months 0 Days 28 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Rev. Frederick Nuetzel
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Barbara Spindler
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Paul Kaden
(b) Address Palmyra, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/26/46 (Month) (Day) (Year)
(c) Place: burial or cremation West Ely Cemetery

18. (a) Signature of funeral director Lewis Brown
(b) Address Palmyra, Mo.

19. (a) 12-26-46 (Date received local registrar) (b) Viola Geer (Registrar's signature) Deputy

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22
year 1946 hour 11 minute 50 P M.

21. I hereby certify that I attended the deceased from Dec 21, 1946 to Dec 26, 1946
that I last saw her alive on Dec 22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Ca of Uterus & vagina

Due to

Due to

Other conditions 48B
(Include pregnancy within 3 months of death)
to Femur Ch Myeloid

Major findings:
Of operations

Of autopsy

Duration

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 [signature] (M. D. or other)
Address Box Bldg Hannibal Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....Leo B. Lewis

Licensed Embalmer No.....2382

P. O. Address.....Palmyra 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.