

FILED APR 2 1947
 Registration District No. 167

Primary Registration District No. 4258

Registrar's No. 111

1. PLACE OF DEATH:
 (a) County Knox
 (b) City or town Edina
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Gibson Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 hrs.
 In this community 75 yrs.
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Knox
 (c) City or town Edina (rural) Benton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 6 miles north east
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

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

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Hattie Parrish
 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased Feb - 1 - 1872
 (Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 13
 If less than one day hr. min.

9. Birthplace uk Germany
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Carl Kiesow

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

14. Maiden name Wilhemina Trapp

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

16. (a) Informant Carl B. Kiesow
 (b) Address Rolla, Mo.

17. (a) Burial (b) Date thereof March-17-1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Millport Missouri

18. (a) Signature of funeral director Kath Hudson

(b) Address Edina, Mo.

19. (a) Mo-24-42 (b) Nell S. Humatt
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14
 year 1947 hour 7:28 minute 10 P.M.

21. I hereby certify that I attended the deceased from 3/14
1947 to 3/14, 1947;
 that I last saw him alive on Feb 14, 1947;
 and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured Aortic Aneurysm
 Due to Hydro Nephrotic
 Due to

Other conditions (Include pregnancy within 3 months of death) 29

Major findings: Prosthetic - Ruptured right kidney
 Of operations Nephrectomy
 Of autopsy

PHYSICIAN
 Duration 1 day
 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) (a) Means of injury

23. Signature C. C. Gibson (M. D. or other)
 Address Edina, Mo. Date signed 3/16-47

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

12
 1
 0

MOTHER FATHER

151

RECEIVED
District Health Officer No. 10
District File Number 4-47-299
Date Filed APR - 1 1947

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Missouri

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.