

No. 2  
2-45  
17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 7 1947

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **14654**  
Registrar's No. **17**

Registration District No. **295** Primary Registration District No. **4443**

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

1. PLACE OF DEATH:  
(a) County Randolph  
(b) City or town Huntsville  
(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 \_\_\_\_\_ (Specify whether years, months or days) \_\_\_\_\_ (Specify whether)

3. (a) PRINT FULL NAME Elsie May Kadletz  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Albert Kadletz 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased January 13 1894  
(Month) (Day) (Year)

8. AGE: Years 53 Months 3 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Ardmore Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Sevier **9**

13. Birthplace Don't know

14. Maiden name Sarah Francis Summers **9**

15. Birthplace Don't know

16. (a) Informant Albert Kadletz

(b) Address Huntsville, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/29/1947  
(Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Tom Patton

(b) Address Huntsville, Mo

19. (a) May 3 1947 (b) Mr. D. A. Bernhart  
(Date received local registrar) (Registrar's signature) **2570**

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Randolph **88**  
(c) City or town Huntsville **1**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. \_\_\_\_\_ (If rural, give location) **0**  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27  
year 1947 hour 3:15 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 5 1947 to April 27 1947  
that I last saw him alive on April 27 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 12 Hours

Due to Hypertension

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none

Of autopsy none

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 [Signature] (M. D. or other) MD

Address 573/47 Huntsville Mo

DEC 2 1947

RECEIVED  
District Health Officer No. 1  
District File Number 5-47-79  
Date MAY - 6 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 Paul J. Patton  
Licensed Embalmer No. 4095  
P. O. Address Huntsville, 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.