

FILED JUN 4 1947

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

18163
Do not use this space.

1. PLACE OF DEATH *Miller*
- (a) County.....*Miller*..... Registration District No.....*212*
- (b) Township..... Primary Registration District No.....*3044* Registered No.....*34*
- (c) City.....*ELDON*..... (d) Street No.....*1*..... St. *St. P*
- (e) Length of residence in city or town where death occurred *1* yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. *1*
2. PRINT FULL NAME *Odessa-May-Kreder*
- (a) Residence, No. *207 So Grand-* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Gas-Kreder*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *MAY-10-1874*
- | | | | | |
|--------|-----------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAY | If LESS than 1 day, hrs. or min. |
| | <i>73</i> | <i>0</i> | <i>18</i> | |
- OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *House-Wife*
9. Industry or business in which work was done, as saw mill, bank, etc. *Home*
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation *73*
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *GRANT City Mo*
- FATHER
13. NAME *Thomas-Walton*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky-1*
- MOTHER
15. MAIDEN NAME *unknown*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *9*
17. INFORMANT (ADDRESS) *Dot Gloschen ELDON Mo*
18. BURIAL, CREMATION, OR REMOVAL PLACE *GRANT - City* DATE *5-30-47* 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Hugh M. Kaye! Eldon Mo*
20. FILED *May 29, 1947* *Alvaretta Walt* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) , 19 *1947*
22. I HEREBY CERTIFY, That I attended deceased from *May 2nd* 19*47*, to *May 28th* 19*47*
- I last saw him alive on *May 28th* 19*47*. Death is said to have occurred on the date stated above, at *11 a. m.*
- The principal cause of death and related causes of importance were as follows:
- Heart Bloc.* Date of onset *Hidden*
- Post Pneumonia* *10 Da*
- myocarditis* *2*
- Other contributory causes of importance:
- Name of operation..... Date of.....
- What test confirmed diagnosis?..... Was there an autopsy?.....
23. If death was due to external causes (violence), fill in also the following:
- Accident, suicide, or homicide?..... Date of injury..... 19.....
- Where did injury occur?..... (Specify city or town, county, and State)
- Specify whether injury occurred in industry, in home, or in public place.
- Manner of injury..... *C*
- Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased? *No*
- If so, specify *H. D. Walter* (Signed)....., M. D.
- (Address) *Eldon Mo*

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3 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, me

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed, Keith M Kaye
Licensed Embalmer No. 3998
P. O. Address Eldon 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, above space should be left blank.