S. No. 2
M—1/47
r. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 17 1947

Registration District No. 3224

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36740

Primary Registration District No. 3072

Registrar's No. 200

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbon O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 28 da (Specify whether years, months or days)
In this community: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Saline 97
(c) City or town: Slater "Rural" 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 7 mi N. Slater 0
(If rural, give location)
(e) Citizen of foreign country? Mo (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: JANETTE J. KIEFFER
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Fe
5. Color or race: W
6. (a) ~~Single~~, ~~widowed~~, ~~married~~, divorced: Divorced 3
6. (b) Name of husband or wife: Clarence Kieffer
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: June (Month) 5 (Day) - 1886 (Year)

8. AGE: Years 61 | Months 3 | Days 19 | If less than one day ... hr. ... min.

9. Birthplace: Fairville, Saline Co, Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: John Johnston
13. Birthplace: Ohio (City, town, or county) (State or foreign country)
14. Maiden name: Katherine Saxton
15. Birthplace: Ohio (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs Brooks Hildebrand
(b) Address: Huntsville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Miami Mo
18. (a) Signature of funeral director: Harry Herzberger
(b) Address: Marshall Mo
19. (a) Oct-1-1947 (Date received local registrar) (b) Sidney F. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24 year 1947 hour 4 minute 05 A M.
21. I hereby certify that I attended the deceased from Aug 29, 1947 to Sept 24, 1947 and that I last saw her alive on Sept 23, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Gastric Carcinoma — Duration: 2
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death): HOB
Major findings: Of operations:
Of autopsy:

PHYSICIAN — Underline the cause of 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) MD
Address: Marshall Date signed 9/25/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-16-47

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 Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall 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.