

1. PLACE OF DEATH:

(a) County Madison  
(b) City or town Rural Hamilton Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 3  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton  
(c) City or town Brunswick Mo  
(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 Bert Ferdinand Kaiser

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased September 17 1904  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
43 3 13 hr. min.

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

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER  
12. Name Ferdinand Kaiser  
13. Birthplace Brunswick Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna  
15. Birthplace Brunswick Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Kaiser  
(b) Address Brunswick Missouri

17. (c) Burial (b) Date thereof 1/26/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Brunswick Cemetery

18. (a) Signature of funeral director John H. Meyer  
(b) Address Brunswick Mo

19. (a) Jan 28/48 (b) Gladys Jones  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 31  
year 1947 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Cause Unknown  
Excessive Cold-Body Frozen  
Found dead in corn field on  
Ollie Watson farm 4 miles east  
of Hamilton, Missouri. Escaped  
from State Hospital #2 St. Joseph  
Mo. December 27 1947.

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations NO  
Of autopsy 1A  
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) 13  
(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 3

23. Signature Cramer Clark Coroner (M. D. or other) 3  
Address Kingston, Mo Date signed 1/28-48

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

3  
0  
0

FEB 27 1948  
FEB 18 1946

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

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**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, ~~as by~~.....

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

Signed..... *A. L. Leipard* .....

Licensed Embalmer No. *3976* .....

P. O. Address..... *Mendon 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.**