S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 10 1948

Registration District No. 37

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 18658

Primary Registration District No. 5-108

Registrar's No. 17

**1. PLACE OF DEATH:**

(a) County: Benton

(b) City or town: Rural Williams Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None S. W. of Stover
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)

In this community: Life

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Benton

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: 7 miles South West of Stover Mo.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: Germany

3. (a) PRINT FULL NAME: ARTHUR EWALD KADEN

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Ottilie Hauschild

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

7. Birth date of deceased: November (Month) 27 (Day) 1859 (Year)

8. AGE: Years 88 Months 5 Days 15 If less than one day hr. min.

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

10. Usual occupation: Farmer

11. Industry or business: Farming

MOTHER FATHER

12. Name: Williams Kaden

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

14. Maiden name: Unknown

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

16. (a) Informant: George Kaden

(b) Address: Sole Camp, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 14, 48 (Month) (Day) (Year)

(c) Place: burial or cremation: Stover Cemetery

18. (a) Signature of funeral director: J. L. Stevinson

(b) Address: Stover, Missouri.

19. (a) 6-19-48 (Date received local registrar) (b) E. L. Eckert (Registrar's signature) R.D.H.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 12 th year 1948 hour 12 minute 30 a.m.

21. I hereby certify that I attended the deceased from May 11, 1948, to May 12, 1948, that I last saw him alive on May 11, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Left Ventricular hypertrophy — Duration

Due to: Arteriosclerosis

Due to: Chronic interstitial nephritis

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

Major findings:
Of operations: None

Of autopsy:

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: Bernice Egleston D.O. (M.D. or other)

Address: Woodland Hosp. Belalia, Mo. Date signed 5/13/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 6-48-228
Date Filed 2-9-48

## 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 J. L. Stevinson

Licensed Embalmer No. 4073

P. O. Address Stover, Missouri.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**