

BIRTH NO. _____ REG. DIST. NO. 228 PRIMARY REG. DIST. NO. 3808 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY MONTGOMERY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) Beauregard Rural		c. CITY (If outside corporate limits, write RURAL and give township) Beauregard 07	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3 miles north Jonesburg	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) SARAH	b. (Middle) E	c. (Last) KAISER	4. DATE OF DEATH (Month) (Day) (Year) Jan 14 52
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 23 1874	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Warren County Mo	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Anthony Horton	13b. MOTHER'S MAIDEN NAME Mel Shearmin	14. NAME OF HUSBAND OR WIFE Frank Kaiser
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Frank Kaiser	ADDRESS Jonesburg Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct		12 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral apoplexy		48 hrs.
	DUE TO (c) Nephritis		2 hrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	593 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 11**, 19**52**, to **Jan 14**, 19**52**, that I last saw the deceased alive on **Jan 14**, 19**52**, and that death occurred at **9:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE N. J. Jorgensen	(Degree or title) MD.	23b. ADDRESS Jonesburg Mo.	23c. DATE SIGNED Jan. 16, 52
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Jan 17 1952	24c. NAME OF CEMETERY OR CREMATORY Old Home	24d. LOCATION (City, town, or county) (State) Jonesburg Mo.
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DATE REC'D BY LOCAL REG. 1-21-52	REGISTRAR'S SIGNATURE Miss May Miller	25. FUNERAL DIRECTOR'S SIGNATURE G.A. Dardinger	ADDRESS Jonesburg Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Paul A. Dardery

Licensed Embalmer No. 4115

P. O. Address Jonestown, M.

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.