

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

22643

Do not use this space.

File # 16-39

Registered No. 3

1. PLACE OF DEATH

(a) County Marion Registration District No. 542
(b) Township Jackson Primary Registration District No. 573
(c) City Vienna (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. _____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Mary Jane Kehr
(OR) WIFE OF Mary Jane Kehr

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-14 1858

7. AGE YEARS 80 MONTHS 4 DAYS no. If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. blacksmith
9. Industry or business in which work was done, as saw mill, bank, etc. shop
10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) Herman, Mo.
(STATE OR COUNTRY)

FATHER 13. NAME Frank Kehr

14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Hugh H Kehr
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Vienna, Mo. DATE April 1 1939

19. FUNERAL DIRECTOR (NAME) W. C. Birmingham
(ADDRESS) Vienna, Mo.

20. FILED 5/10 1939 Forney M. Beck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31 1939

22. I HEREBY CERTIFY That I attended deceased from Oct 13 1938, to Mar 31 1939

I last saw him alive on Mar 30 1939 Death is said

to have occurred on the date stated above, at 12 a. m.

The principal cause of death and related causes of importance were as follows:

Cardio-vascular disease Date of onset _____

Other contributory causes of importance:

Name of operation none 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? no Date of injury _____ 1939

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 ✓

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. C. Beck M. D.

(Address) Vienna, Mo.

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 _____

Signature *W. C. Birmingham*

Licensed Embalmer No. *3664*

P. O. Address _____

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.