

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

Do not use this space.

AUG 1 1939

25705

1. PLACE OF DEATH

County Henry
 Township _____
 City Clinton (No. _____)

Registration District No. 347
 Primary Registration District No. 3018

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Kenneth Marvin Kaiser

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 5 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wholesale clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barnette W. Shoe Co.

10. Date deceased last worked at this occupation (month and year) July 3, 1939 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo.

13. NAME Marvin Adolph Kaiser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co. Mo.

15. MAIDEN NAME Mary Barrett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Olmita Mo.

17. INFORMANT (ADDRESS) Marvin A. Kaiser Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE July 6 1939

19. UNDERTAKER (ADDRESS) Conrad J. Beck Clinton, Mo.

20. FILED 7-29 1939 Dr. J. B. Armstrong Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 1939. I last saw him alive on July 4 1939. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Fracture of skull sustained in automobile accident Date of onset July 4/39

Other contributory causes of importance: None

Name of operation None Date of _____
 What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 7-4 1939

Where did injury occur? Clinton, Henry Co., Missouri (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury Fracture skull
 Nature of injury Automobile accident

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) S. B. Houston M. D.
Ernie Hays Co., Clinton, Mo. 312

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.

How

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 4/24/44

[Handwritten signature]

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

25-705-
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
(b) Township Clinton Primary Registration District No. 3018 Registered No. _____
(c) City Clinton (d) Street No. _____ St. _____
(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 Kenneth Marvin Haines

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
17 5 20

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19__

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-4-39

22. I HEREBY CERTIFY, That I attended deceased from 19__ to 19__

I last saw him _____ alive on _____, 19__ Death is said to have occurred on the date stated above, at _____ m.

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

Fracture of skull sustained in automobile accident

Date of onset

Non ellison (con. or cutural)

Other contributory causes of importance:

Name of operation _____ 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? _____ Date of injury _____, 19__

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? _____

If so, specify _____

(Signed) S. B. Hughes, Coroner

(Address) Clinton, Mo.

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

**REVISION OF STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

1 PLACE OF DEATH
(a) County _____
(b) Town _____
(c) City _____
(d) Health District _____

2 PRINT FULL NAME _____

PERSONAL AND STATISTICAL PARTICULARS

3 SEX _____
4 COLOR OR RACE _____
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (write full word) _____

6 IF MARRIED, WIDOWED, OR DIVORCED
MARRIED OR
(write date of _____)

1939

5-25-39

7 DATE OF BIRTH (month, day, and year) _____
8 AGE _____
9 SEX _____

10 OCCUPATION _____

11 DATE OF DEATH (month, day, and year) _____

12 TIME OF DEATH (hour, minute, and second) _____

13 PLACE OF DEATH (city or town, state, and county) _____

14 NAME _____

15 BIRTHPLACE (city or town, state, and county) _____

16 MARRIED NAME _____

17 BIRTHPLACE (city or town, state, and county) _____

18 MARRIED NAME _____

19 BIRTHPLACE (city or town, state, and county) _____

20 MARRIED NAME _____

21 BIRTHPLACE (city or town, state, and county) _____

22 MARRIED NAME _____

23 BIRTHPLACE (city or town, state, and county) _____

24 MARRIED NAME _____

25 BIRTHPLACE (city or town, state, and county) _____

MEDICAL CERTIFICATE OF DEATH

26 DATE OF DEATH (month, day, and year) _____

27 NAME OF DECEASED (write full name) _____

28 SEX _____

29 AGE _____

30 OCCUPATION _____

31 PLACE OF DEATH (city or town, state, and county) _____

32 NAME _____

33 BIRTHPLACE (city or town, state, and county) _____

34 MARRIED NAME _____

35 BIRTHPLACE (city or town, state, and county) _____

36 MARRIED NAME _____

37 BIRTHPLACE (city or town, state, and county) _____

38 MARRIED NAME _____

39 BIRTHPLACE (city or town, state, and county) _____

40 MARRIED NAME _____

41 BIRTHPLACE (city or town, state, and county) _____

42 MARRIED NAME _____

43 BIRTHPLACE (city or town, state, and county) _____

44 MARRIED NAME _____

45 BIRTHPLACE (city or town, state, and county) _____

46 MARRIED NAME _____

47 BIRTHPLACE (city or town, state, and county) _____

THIS IS A FEDERAL GOVERNMENT PROPERTY. IT IS LOANED TO YOU BY THE BUREAU OF VITAL STATISTICS, U.S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE. IT IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT PERMISSION IN WRITING FROM THE ASSISTANT SECRETARY FOR VITAL STATISTICS, U.S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE.

25 FILED _____

Local Registrar _____