

FILED JAN 21 1946
Registration District No. 3023

Primary Registration District No. 3023

Registrar's No. 199

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Hours
(Specify whether
In this community yes
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry 42
(c) City or town Clinton Mo 1
(If outside city or town limits, write "RURAL")
(d) Street No. 705 E. Ohio 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Anna Katherine Kaiser

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

4. Sex F / 5. Color or race White 6. (a) Single, widowed, married, divorced Mar /
6. (b) Name of husband or wife Adolph Kaiser 6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased March 8, 1864
(Month) (Day) (Year)

8. AGE: Years: 81 Months: 9 Days: 10 If less than one day
hr. min.

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

10. Usual occupation House wife

11. Industry or business.....

MOTHER FATHER
12. Name Herman Mittendorf 4
13. Birthplace Germany (State or foreign country)
14. Maiden name Heneritta Freize
15. Birthplace Germany (State or foreign country)

16. (a) Informant Edna A. Kaiser

(b) Address Clinton, Mo.

17. (a) Burial (b) Date thereof 12-21-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Conradus + Peck

(b) Address Clinton Mo

19. (a) 12-20-45 (b) R. R. Kerney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 18
year 1945 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from 2-20, 1941, to Dec 17, 1945,
that I last saw her alive on Dec 17, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration 1 yr
Due to Dentitis 10 yrs

Due to.....
Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations.....
Of autopsy.....

Duration
1 yr
10 yrs
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 J. J. Walker (M. D. or other) M.D.
Address Clinton Mo Date signed 12-18-45

100180
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

8 1945
MAR

MAR 8 1945

12-45-1361

1-10-46

JUL 9 1945

MAY 17 1945

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..... *P. R. Kennedy*

Licensed Embalmer No. *3099*

P. O. Address. *Clinton 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.