

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**FILED MAR 12 1946 STANDARD CERTIFICATE OF DEATH**

State File No. 5374  
Registrar's No. 29

Registration District No. 137 Primary Registration District No. 3023

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:  
at Clinton General Hosp D  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 Days  
(Specify whether  
In this community 45 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Henry  
(c) City or town Clinton mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 719 E Chest  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ADOLPH KAISER  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 2 day 2  
year 46 hour 4 minute 30 P.M.  
21. I hereby certify that I attended the deceased from 1-29  
1946 to 2-2 1946  
that I last saw him alive on 2-2 1946  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (g) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Anna Kathern 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 15 18 58  
(Month) (Day) (Year)

Immediate cause of death Bronchial pneumonia Duration 5 da  
Due to Fractured hip & confinement to bed 5 da  
Due to \_\_\_\_\_

8. AGE: Years 87 Months 8 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Warren Co mo (City, town, or county) (State or foreign country)  
10. Usual occupation Retired  
11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy 1 86 15

MOTHER FATHER { 12. Name Adolph Kaiser  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Jaune Daterien  
15. Birthplace Dont Prout (City, town, or county) (State or foreign country)  
16. (a) Informant Marvin Kaiser  
(b) Address Clinton mo  
17. (a) Burial (b) Date thereof 2-5-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Englewood  
18. (a) Signature of funeral director C. Braselus & Peck  
(b) Address Clinton mo  
19. (a) 2-4-1946 (b) R. R. Kenney  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident  
(b) Date of occurrence Jan 29, 1946  
(c) Where did injury occur? Clinton Henry mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
at home  
(Specify type of place) (e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_  
23. Signature H. S. Sipeker (M. D. or other) M.D.  
Address Clinton mo Date signed 2-1-46

PHYSICIAN  
Underline the cause to which death should be charged statistically.

120

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

4369

JUL 5 1948

AMM

RECEIVED

District Health Officer No. 7,

District File Number 2-46-216

Date Filed MAY 17 1948

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. E. Cousens

Licensed Embalmer No. 1891

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.