

FILED MAR 26 1947

Registration District No. **137**

Primary Registration District No. **5504**

Registrar's No. **67**

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

1. PLACE OF DEATH:

(a) County **HENRY**

(b) City or town **CLINTON RURAL**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **CLINTON TWP. 1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **NONE**
(Specify whether years, months or days)

In this community **78 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Henry 47**

(c) City or town **Clinton**
(If outside city or town limits, write "RURAL")

(d) Street No. **Clinton Twp**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **KEMMER G. KAISER**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **20** year **1947** hour **3:25** minute **P.** M.

21. I hereby certify that I attended the deceased from **3-15**, 1947 to **3-20**, 1947 that I last saw him alive on **3-20**, 1947 and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **WIDOWER**

6. (b) Name of husband or wife **LILIE SHOTWELL KAISER** 6. (c) Age of husband or wife if alive **DEAD** years

7. Birth date of deceased **Oct. 22 1867**
(Month) (Day) (Year)

Immediate cause of death: **Pulmonary Edema**

8. AGE: Years **82** Months **4** Days **28** If less than one day _____ hr. _____ min.

Due to **Vascular Endocarditis Chr**

9. Birthplace **ILL**
(City, town, or county) (State or foreign country)

10. Usual occupation **MILL WORKER**

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

12. Name **GODFREY KAISER**

13. Birthplace **GERMANY**
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace _____
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____
Of autopsy _____

16. (a) Informant **Earl Land**

(b) Address **Clinton Mo**

17. (a) **BURIAL** (b) Date thereof **3-29-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BEJAHLEM CEM.**

18. (a) Signature of funeral director **J. D. Clausant**

(b) Address **Clinton Mo**

19. (a) **3-22-47** (b) **R. R. Messing**
(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) _____

(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? _____

(Specify type of place)

While at work? **Ed. C. Peltor** (c) Means of injury _____

23. Signature **Ed. C. Peltor** (M. D. or other) _____

Address **Clinton Mo** Date signed **3/22/47**

