

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 19 1942

Registration District No. 147

Primary Registration District No. 5779

Registrar's No. 22

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

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.

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU

(b) City or town JACKSON MO

(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 15 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CAPE GIRARDEAU

(c) City or town JACKSON MO
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME THEODORE HERTMAN-KASTEN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife MIRRIE LUDWIG

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased OCTOBER 11 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace SHAWNEETOWN MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation MECHANIC

11. Industry or business _____

MOTHER FATHER { 12. Name HENRY KASTEN

13. Birthplace 4 Germany
(City, town, or county) (State or foreign country)

14. Maiden name Thersie Lueders

15. Birthplace 4 Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature L. O. Kasten

(b) Address JACKSON MO

17. (a) Burial (b) Date thereof 5 29 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RUSSELL-HIGHTS

18. (a) Signature of funeral director Wilson-Stall-Seaburg

(b) Address JACKSON MO

19. (a) 5/28/42 (b) J. O. Kasten
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1942 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from Jan 30, 1942, to May 27, 1942
that I last saw him alive on May 26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to _____

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

Major findings: Of operations 830

Of autopsy _____

Duration 5 days

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 E. R. Schen (M. D. or other) _____
Address JACKSON, MO Date signed May 27 1942

MAR 30 1950

RECEIVED

District Health Officer No. 4
District File Number 642-743
Date Filed 6-11-42

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 Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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, above space should be left blank.