JUN 17 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18846

Registration District No. 461 Primary Registration District No. 5625 Registrar's No.

1. PLACE OF DEATH:

(a) County Lafayette

(b) ~~City or town~~ Lexington (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 55 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette

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

(d) Street No. 9 Mi. S.
(If rural, give location)

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

3. (a) PRINT FULL NAME ANNIE KLOS DAEHLER

3. (b) If veteran, name war —

3. (c) Social Security No. none.

4. Sex Fe

5. Color or race W

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

6. (b) Name of husband or wife Russell C. Daehler

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

7. Birth date of deceased May (Month) 4 (Day) 1879 (Year)

8. AGE: Years 61 Months 0 Days 19 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Jacob Klos
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary Schmidt
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Russell Daehler Jr.
(b) Address Lexington, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 25 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Lexington, Mo

18. (a) Signature of funeral director Winkler
(b) Address Lexington Mo

19. (a) June 10/40 (Date received local registrar) (b) Delia Bates (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1940 hour 15 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb 2, 1940, to May 5, 1940; that I last saw her alive on May 4, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac dilatation — Myocarditis —	
Due to Carcinoma uterus metastasis omentum	
Due to	
Other conditions (Include pregnancy within 3 months of death) 48	

Major findings:
Of operations
Of autopsy

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? 8 00 (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or ~~other~~)
Address Lexington Mo Date signed 6/8/40

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-13-40

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 Geo. A. McKean

Licensed Embalmer No. 2983

P. O. Address Lexington, 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.