

FILED JUL 12 1946
Registration District No. **224**

Primary Registration District No. **3046**

Registrar's No. **63**

1. PLACE OF DEATH:

(a) County **Moniteau Co**
(b) City or town **California, Mo. Walker**
(c) Name of hospital or institution: **606 N Oak St**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**
(c) City or town **California, Mo.**
(d) Street No. **606 N Oak St**
(e) Citizen of foreign country? **NO**

3. (a) PRINT FULL NAME **Mary Kaiser**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive... years **28**
7. Birth date of deceased **Mar 28 1866**

8. AGE: Years **80** Months **2** Days **29**
If less than one day hr. min.

9. Birthplace **Missouri**
10. Usual occupation **House Wife**

11. Industry or business
12. Name **A.G. Fischer**
13. Birthplace **Germany**
14. Maiden name **Mary J. Serves**
15. Birthplace **Penn**

16. (a) Informant **Mrs. J. Kaiser**
(b) Address **California**

17. (a) **Burial** (b) Date thereof **June 28, 1946**
(c) Place: burial or cremation **Luthurn Cemt. California**

18. (a) Signature of funeral director **Bowlin Funeral Home**
(b) Address **California, Mo.**

19. (a) **6-29-46** (b) **H.R. Popejoy**
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **26** year **1946** hour **7/50** minute **P.M.**
21. I hereby certify that I attended the deceased from **Aug. 21, 1944** to **June 26, 1946**
that I last saw **her** alive on **June 26, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis**
Due to
Due to

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **A**
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (g) Means of injury

23. Signature **H. J. Stinson** (M.D. or other) **D.O.**
Address **California** Date signed **6/26/46**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-11-46

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 me.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Earl R. Poulin.....

Licensed Embalmer No. 2126.....

P. O. Address California 118.....

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.