

FILED NOV 20 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35864
Do not use this space.

1. PLACE OF DEATH

(a) County Monteau Registration District No. 571
(b) Township Waller Primary Registration District No. 5709
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 68

2. PRINT FULL NAME

Elizabeth Anna Kiesling
(a) Residence, No. Monteau Co. Mo. Rural
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Kiesling
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19, 1880
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 60 1 14
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co., Mo.

FATHER 13. NAME Louis H. Peters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wasson Co., Mo.

MOTHER 15. MAIDEN NAME Eva Schuster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) H. C. Tuttle

18. BURIAL, CREMATION, OR REMOVAL PLACE Monteau Cemetery DATE 10-14-1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Wilson & Sons
California, Mo.

20. FILED 10-18 1940 H. P. Popejoy 504
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1940 to Oct 13 1940
I last saw her alive on Oct 13 1940 Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia

Date of onset 10-14-40

199W

Other contributory causes of importance:
Bed ridden for 2 years following instability.

Name of operation none Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Edgar A. Hobbs M. D.
(Address) California

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.

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..... *A. E. Wilson*

Licensed Embalmer No. *2351*

P. O. Address *California, 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.