

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 12 1945 STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 18

Registration District No. 224 Primary Registration District No. 5796

1. PLACE OF DEATH:
(a) County Moniteau Co.
(b) City or town Rural Walker Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
California, Mo. Rt. #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 5 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Oklahoma (b) County Custer
(c) City or town Weatherford Okla.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lloyd Charles Kiesling, Jr.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced.

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

7. Birth date of deceased Oct 11 1945
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>1</u>	<u>9</u>	hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Lloyd C. Kiesling

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

14. Maiden name Elouise Brattin

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

16. (a) Informant Lloyd C. Kiesling

(b) Address California, Mo. Rt. 2

17. (a) Burial (b) Date thereof Nov. 22, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moniteau Evangelical Ch. Cent

18. (a) Signature of funeral director Bowlin Funeral Home

(b) Address California Mo.

19. (a) 11-23-46 (b) H.R. Pobozny
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 20 day 20
year 1945 hour 6 minute 45 M.

21. I hereby certify that I attended the deceased from Nov 19, 1945, to Nov 20, 1945, that I last saw him alive on Nov 20, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Gastro-Enteritis Duration 3 days

Other conditions Stasis Lymphaticus
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
3 days
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 Edgar A. J. J. J. (M. D. or other) _____

Address California Date signed 11/22/45

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

0000

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-10-45

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.