

Kayser, Joyce Ann 1942 - 1943

Kentucky Post - May 13, 1943

Joyce Ann Kayser

Joyce Ann Kayser, 8-month-old daughter of Mr. and Mrs. John Kayser, died early Thursday at her home, 3202 Latonia avenue, Covington.

Prayers will be offered at 9:30 a. m. Saturday at the Linnemann funeral home, followed by blessing at 10 a. m. at Holy Cross Church. Burial will be in Mother of God Cemetery.

Kayser, Joyce Ann 1942 - 1943

On Alone

Certificate No. 11578
Registrar's No. 11578

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 790 Primary Registration District No. 2290

1. PLACE OF DEATH:

(a) County Kenton
(b) City or town Covington
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution 3202 Latonia Ave
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community 8 months
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ky (b) County Kenton
(c) City or town Covington
(If outside city or town limits, write RURAL)
(d) Street No. 3202 Latonia Ave
(If rural give precinct)
(e) If foreign born, how long in U. S. A. 2 years

3(a) FULL NAME Joyce Ann Kayser
3(b) If veteran No. **3(c) Social Security** No.

4. Sex F **5. Color or race** Wh **6(a) Single, widowed, married, divorced** Single

6(b) Name of husband or wife
6(c) Age of husband or wife if alive Years

7. Birth date of deceased Sept 22 1942
(Month) (Day) (Year)

8. AGE: 7 years 23 Months 23 Days If less than one day hr. min.

9. Birthplace Covington, Ky.

10. Usual occupation

11. Industry or business

FATHER { **12. Name** John Kayser
13. Birthplace Ft. Mitchell - Ky.

MOTHER { **14. Maiden name** Lillian Pohlman
15. Birthplace Covington, Ky.

16(a) Informant's own signature John Kayser
(b) Address 3202 Latonia Ave Covington Ky

17. BURIAL, CREMATION, OR REMOVAL
Place Mathew of God Date May 15, 1943

18(a) Signature of funeral director H. Linnemann Sr
(b) Address Covington, Ky

19(a) MAY 18 1943 (Data received by local registrar) **(b) M. H. C. White** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH May 13th 1943
21. I hereby certify that I attended the deceased from May 1 - 1943
to May 13 - 1943 and I last saw him alive on May 12 - 1943 and that death occurred on the date stated above at 2:50A M.
Immediate cause of death (Bile poison)
no cause or direct cause
mal formation
Due to facilitated mal
nutrition

Other condition: (Include pregnancy within 3 months of death)

Major findings: operated on to open duct
was not successful
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence
(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? (Specify type of place) no

While at work? no (a) Means of injury no
Signature F. T. Adams (M. D. or other)
Address Covington Date signed May 13-43
(Undeliable patient)

DEATH IN plain terms, so that it may be properly classified. EXACT STATEMENT OF CAUSE AS FAR AS YOU KNOW