

50 MAR 23 1939

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

7527
Do not use this space.

1. PLACE OF DEATH *Platte* ³
(a) County *Platte* Registration District No. *696*
(b) Township *Jay* ¹ Primary Registration District No. *5925* Registered No. *4*
(c) *Village of Burlington* (d) Street No. _____ St.
(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.
2. PRINT FULL NAME *John S. Karns,*
(a) Residence, No. _____ St. *St. Joseph, Mo.*
(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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married,*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Alta M. Karns,*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
45 1 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Fireman*
9. Industry or business in which work was done, as saw mill, bank, etc. *Railroad,*
10. Date deceased last worked at this occupation (month and year) *February 1939* 11. Total time (years) spent in this occupation *20*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mound City Missouri*

FATHER 13. NAME *Virgil Karns* ¹
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Highland County Ohio*

MOTHER 15. MAIDEN NAME *Mary Armack*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Decatur County Indiana*

17. INFORMANT (ADDRESS) *Mrs. John S. Karns St. Joseph, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Ashland Cem. St. Joseph, Mo.* DATE *Mch. 3, 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Hester-Bryce & Baum St. Joseph, Mo.*

20. FILED *28* 1939 *By [Signature] Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 28* 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Accident Burlington Train at Beverly Mo. Train was wrecked and the man was caught between a Box Car and Tank Car when he jumped

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify *Seland & Francis M.D.* (Signed) *Partkull Mo. Coroner* (Address)

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 impor

REG. 110
District Health Officer No. 11,
District File Number 39-61
Date Filed 3-9-39

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, July 28, 1939

....., or by,
Registered Apprentice No. ✓ working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So 10th St. Jax

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.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

75-27 Do not use this space.

1. PLACE OF DEATH

(a) County Platte (b) Township Fair (c) City (e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 696 Primary Registration District No. 5922

Registered No. 4

(If death occurred in Hospital or Institution, write its name instead of street and number) St. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John S. Karnal

(a) Residence, No. (Usual place of abode, if no street address, write county or city) St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from to, 19

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 7, 1894

I last saw h. alive on, 19. Death is said to have occurred on the date stated above, at, m. The principal cause of death, and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 45 1 21

Date of onset

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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.

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 2/28 1939 Mrs Francis E. Murray Local Registrar.

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

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? If so, specify (Signed) Leland Francis, M.D. (Address) Parkville Mo

By Holman F. Ham Deputy

SUPPLEMENTARY

