

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

18598
Do not use this space.

RECD JUN 8 1939

1. PLACE OF DEATH

(a) County GREENE

(b) Township

(c) City or Town SPRINGFIELD

(e) Length of residence in city or town where death occurred 4 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

3
1
318
2001
Katharine Home

Registered No. 364

2. PRINT FULL NAME. ISRAEL N. Mc CARL

(a) Residence, No. Katharine Home St. (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) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 8, 1850

7. AGE YEARS 88 MONTHS 5 DAYS 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
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) Hancock County, Missouri

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME

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

17. INFORMANT E. A. Gary (ADDRESS) Katharine Home

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hazelwood DATE May 2, 1939

19. FUNERAL DIRECTOR (NAME) F. C. Thieme (ADDRESS) Springfield, Mo.

20. FILED 5-1-1939 Charles A. George, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1939

22. I HEREBY CERTIFY That I attended deceased from April 1, 1939 to April 30, 1939 I last saw him alive on April 30, 1939 Death is said to have occurred on the date stated above, at 12:15 A.M. The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Date of onset Not No

Other contributory causes of importance:

Secrecity

Name of operation Retired Date of... What test confirmed diagnosis? 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... 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) Villard Beattie, M.D.

(Address) 532 West 2nd St

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.....

Ralph Thieme

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Ralph Thieme

Licensed Embalmer No. *3681*

P. O. Address *Springfield, 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.