

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.

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

REC'D JUN 22 1939

19557
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 135
 (b) Township _____ Primary Registration District No. 3034 Registered No. 94
 (c) City Moberly (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

613 HATTIE ALICE KRAFT
 (a) Residence, No. 1006 Franklin St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 26, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 6 10

OCCUPATION 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. Housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0

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

FATHER 13. NAME Thomas Benton Buzge

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

MOTHER 15. MAIDEN NAME Mary Catherine Pemberton

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

17. INFORMANT (ADDRESS) Miss Elsie Kraft
Moberly mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Huntsville DATE May 8, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tom B. Patton
Huntsville mo

20. FILED May 8, 1939 Earl Williams
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/6 1939

22. I HEREBY CERTIFY, That I attended deceased from 4/24 1939, to 5/6 1939

I last saw her alive on 5/6 1939. Death is said to have occurred on the date stated above, at 11:20 P. m.

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

Carcinoma of pyloric end of stomach

Date of onset

Other contributory causes of importance: Hb

Name of operation none Date of _____

What test confirmed diagnosis? Clinical 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 None

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Jaul C. Davis, M. D.

(Address) Moberly, mo.

925 (Address)

RECEIVED

District Health Officer No. 10

District File Number 10-29-1013

Date Filed JUN 10 1939

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala

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.