

Registration District No. **609**

Primary Registration District No. **5808**

Registrar's No. **12**

1. PLACE OF DEATH:

(a) County **Newton**  
 (b) City or town **Neosho Rural R. 1**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community **70 Years**  
 years, months or days

3. (a) PRINT FULL NAME **John Jacob Kraft**

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

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

6. (b) Name of husband or wife **Katie Kraft** 6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **November 25 1867**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**72** **1** **21** \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Dexter Michigan**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business \_\_\_\_\_

12. Name **Adam Kraft**

13. Birthplace **Menges Housan Germany**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Louise Kercher**

15. Birthplace **Washtna County Michigan**  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Frank P. Kraft**

(b) Address **Neosho Mo Route 1**

17. (a) **Burial** (b) Date thereof **Jan. 19, 1940**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **German Cemetery**

18. (a) Signature of funeral director **Orley Thompson**

(b) Address **Neosho, Mo.**

19. (a) **Feb. 1, 1940** (b) **Oral P. Sahlin**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Newton**  
 (c) City or town **Neosho Rural R. 1**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **16**  
 year **1940** hour **12** minute **45** A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him **in bed** on **January 16**, 19**40**, and that death occurred on the date and hour stated above.

Immediate cause of death **Had been bedfast with Arthritis for past eighteen years, had not consulted a physician for several years.**  
 Due to **years, had not consulted a physician for several years.**  
 Due to **Natural causes**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **57W**

Of autopsy \_\_\_\_\_

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) (b) Means of injury \_\_\_\_\_  
 28. Signature **Orley Thompson** (M. D. or other)  
 Address **Neosho Mo.** Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.

RECEIVED

District Health Officer No. 6,

District File Number 240-438

Date Filed FEB 13 1940

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

Gail K. Gay Registered Apprentice No. 189  
working under my personal supervision.

Signed Barley Thompson

Licensed Embalmer No. 3251

P. O. Address Neosho 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.