DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14142

Registration District No. 11 — Primary Registration District No. 4008 — Registrar's No. 29

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Fillmore (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) 2

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 60yrs.

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Fillmore Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Wesley Karr 600

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

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

6. (b) Name of husband or wife Bertha Karr 6. (c) Age of husband or wife if alive 5I years

7. Birth date of deceased April (Month) 7 (Day) I880 (Year)

8. AGE: Years 60 Months -- Days I7 If less than one day hr. min.

9. Birthplace Holt County (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Retired farmer

11. Industry or business

FATHER
12. Name Samuel Karr 0
13. Birthplace Holt County (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Nancy Berry
15. Birthplace Gentry County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Mrs Bertha Karr

(b) Address Fillmore Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 25 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Fillmore

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah Mo.

19. (a) 4-25-40 (Date received local registrar) (b) Mrs Addie Barnes J. Barnes Dpty.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 24 year I940 hour I0 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 1, 1940, to April 23, 1940; that I last saw him alive on 23 April, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremic Coma	72 hrs
Due to Chronic Nephritis	No facts
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature M. L. Holliday (M. D. or other) M.D.

Address Fillmore Mo. Date signed 4-25-40

(Licensed Embalmer's Statement on Reverse Side)

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. 11,
District File Number 540-643
Date Filed MAY 6 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~~ .....

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

working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.