

Registration District No. 461

Primary Registration District No. 5625

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Livingston, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days 55 yrs. 610

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette

(c) City or town Livingston, Mo Rtt II
(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.

3. (a) PRINT FULL NAME CAROLINE D. KROLL

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Fredrick C. Kroll 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar. 8 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 9 If less than one day hr. _____ min. _____

9. Birthplace Berger, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name John P. Volker

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

14. Maiden name Caroline Breweil

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature H. John Kroll

(b) Address Livingston, Mo

17. (a) Burial (b) Date thereof April 18-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville, Mo

18. (a) Signature of funeral director W. W. Winkler

(b) Address Livingston, Mo

19. (a) May 8/40 (b) W. L. Bates
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1940 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from Feb 10, 1940, to April 16, 1940; that I last saw him alive on April 15, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death acute pulmonary edema Duration 2 hrs

Due to Acute Pneumia

Due to Carcinoma of the esophagus with metastasis to lymph nodes of the abdominal cavity

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations g. p.

Of autopsy Carcinoma of esophagus with metastasis to lymph nodes of the abdominal cavity

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? g. p.

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. J. Bellison (M. D. or other) g. p.
Address Livingston, Mo Date signed 4/16/40

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. 8,
District File Number
Date Filed 5/10/40

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 *Garrest A. Kempel*
Licensed Embalmer No. *3275*
P. O. Address *Lexington, 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.