

State File No. _____
Registrar's No. 19

Registration District No. 881 Primary Registration District No. 6111

1. PLACE OF DEATH:
(a) County Warren
(b) CITY or town Rural (Elkhorn)
(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 2
(Specify whether _____)
In this community _____
(years, months or days)

3. (a) PRINT FULL NAME Elizabeth Karrobrock
3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband William Karrobrock (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 18, 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____
MOTHER FATHER
12. Name Frederick Pollen
13. Birthplace Germany
14. Maiden name Dorothea Karrobrock
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm. F. Karrobrock
(b) Address Warrenton, Mo.

17. (a) Burial (b) Date thereof June 2, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Evangel. Church

18. (a) Signature of funeral director J. W. Nieburg, Son
(b) Address Warrenton, Mo.
19. (a) June 3, 1940 (b) A. W. Cheeling
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County WARREN
(c) City or town RURAL (Elkhorn)
(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 May day 31
year 1940 hour 7/15 minute _____ A. M.
21. I hereby certify that I attended the deceased from July 1938
1938 to May 31, 1940;
that I last saw her alive on May 29, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 2 yrs
Due to Hypertension
Due to Renal sclerosis
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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Charles L. Harris (M. D. or other) M.D.
Address Warrenton Date signed 6/1/40

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.

1 x 511

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19798

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 881

Primary Registration District No. 6171

Registrar's No. 19

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

1. PLACE OF DEATH

(a) County Warren
(b) City or town Elk Horn
(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 _____
years, months or days

3. (a) PRINT FULL NAME Elizabeth Karrenbrock ^{65!}

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

4. Sex 7 5. Color or race w 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) June 3, 1940 (b) a. v. Webling
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(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.

20. DATE OF DEATH Month May day 31
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings:
Of operations _____

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)
(e) Means of injury _____

23. Signature Chas. L. Jones (M. D. or other) _____

Address Warrenton Ore Date signed _____

SUPPLEMENTAL

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

