No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22338

Registration District No. 919 Primary Registration District No. 5793a Registrar's No. 17

1. PLACE OF DEATH:
(a) County Morgan
(b) City or town Hardeck Twp Rural
(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 2 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEATH:
(a) State Missouri (b) County Morgan
(c) City or town Rural
(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 INFANT KRAXBERGER 621
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 20 (Day) 1940 (Year)
8. AGE: Years | Months | Days | If less than one day 5 hr. 30 min.
9. Birthplace Stover (City, town, or county) Mo (State or foreign country)
10. Usual occupation 0
11. Industry or business 0
12. Name Otto Kraxberger (FATHER)
13. Birthplace Stover (City, town, or county) Mo. (State or foreign country)
14. Maiden name Allison Hunter (MOTHER)
15. Birthplace Riverview (City, town, or county) Mo (State or foreign country)
16. (a) Informant Otto Kraxberger
(b) Address Stover, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 21 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Stover Cemetery
18. (a) Signature of funeral director Kapp & Stevenson
(b) Address Stover, Mo
19. (a) July 10 1940 (Date received local registrar) Wm L Ripperger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20th year 1940 hour 9 minute 30 P. M.
21. I hereby certify that I attended the deceased from June 20, 1940, to June 20, 1940; that I last saw him alive on June 20, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hemorrhage from umbilical cord	few min
Due to unknown	
Due to	
Other conditions Premature 7 mos (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 A J Gunn (M. D. ~~or other~~)
Address Versailles Mo Date signed 6/21/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 7-46-1059
Date Filed 7-16-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.