

Registration District No. **930**

Primary Registration District No. **5962**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Ralls**  
 (b) City or town **Rural, Saline Township**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Monroe City R.F.D. 2**  
 (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 **21 years**

2. USUAL RESIDENCE OF DECEASED:

(a) City or town **Monroe City Rural** State **Missouri** (b) County **Ralls**  
 (If outside city or town limits, write "RURAL")  
 (c) City or town **Monroe City Rural**  
 (d) Street No. **Monroe City R.F.D. 2**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **11**  
 year **1940** hour **6** minute **a.** M.

21. I hereby certify that I attended the deceased from  
**June 8**, 1940, to **Sept 11**, 1940;  
 that I last saw h.i.m. alive on **Sept. 11**, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic Myocarditis**

Due to \_\_\_\_\_  
 Due to **97 C**

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?  
**65** While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
 (2) Means of injury \_\_\_\_\_

23. Signature **Harold J. Ellis** (M. D. or other) **MD**  
 Address **Monroe City** Date signed **9/13/40**

8. (a) PRINT FULL NAME **LOUIS KARCHER**

8. (b) If veteran, name war **no** 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **EVA SCHMIDT KARCHER** 6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **August 5 1865**  
 (Month) (Day) (Year)

8. AGE: Years **75** Months **1** Days **6** If less than one day hr. min.

9. Birthplace **Herschel Illinois**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **9**

12. Name **PHILIP KARCHER**

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

14. Maiden name **Dora Knowlton**

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

16. (a) Informant **Philip Karcher**

(b) Address **Monroe City Mo.**

17. (a) **Burial** (b) Date thereof **Sept 13 1940**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Holy Rosary**

18. (a) Signature of funeral director **WILSON & SON**

(b) Address **Monroe City Mo.**

19. (a) **Sept 13 1940** (b) **J. E. Floyd**  
 (Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 10

District File Number 10-40-1880

Date Filed OCT 9 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 Leslie L. Nelson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.