

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38683

State File No.

Registration District No. 312

Primary Registration District No. 5431A

Registrar's No.

1. PLACE OF DEATH:

(a) County Generty
(b) City or town 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 _____ (Specify whether)
In this community 70 years years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Generty
(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.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 26
year 1940 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 4/23 1939 to 10/26 1940
that I last saw her alive on 11/15 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to General arteriosclerosis

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) gyp

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?
284 While at work? _____ (Specify trade or place)
_____ (Specify means of injury)

23. Signature [Signature] (M. D. or other) [Signature]
Address Spring City, Mo. Date signed 11/26/40

3. (a) PRINT FULL NAME DORA MARY KARR

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

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

6. (b) Name of husband or wife John F. Karr 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased 10 (Month) 1 (Day) 1856 (Year)

8. AGE: Years 84 Months 1 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Issac Howard
13. Birthplace Boling Green Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Helen Mann
15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant W. H. Karr
(b) Address Stanberry Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Cooper Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address Stanberry Mo.

19. (a) 11-28-40 (Date received local registrar) (b) [Signature] (Registrar's signature)

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

MOTHER FATHER

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

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 J. Evan Johnson
Licensed Embalmer No. 3492
P. O. Address Stanberry 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.