

JAN 25 1941
Registration District No. 1541

Primary Registration District No. 4088

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cass
 (b) City or town Garden City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 73 yrs
years, months or days) 72

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
 (c) City or town Garden City
(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? 73 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30
 year 1940 hour 6 minute _____ M.

21. I hereby certify that I attended the deceased from July 1
 _____, 1941 to Dec 30, 1940
 that I last saw him alive on Dec 30, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
Cor. Myocarditis

Due to Asphyxiation secondary
 Due to _____

Other conditions
(Include pregnancy within 3 months of death) A2C

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. 7/10
 (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?
147 7/10
(Specify type of place) (e) Means of injury

23. Signature W. W. [unclear]
 Address Garden City, Mo Date Jan 18/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME CHRISTIAN-J. KROPF

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

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

6. (b) Name of husband or wife Elizabeth Miller Kropf 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased march 15-1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 15 If less than one day hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name David Kropf

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

14. Maiden name Maddalena Desch-

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

16. (a) Informant Elizabeth Miller Kropf

(b) Address Garden City

17. (a) Burial (b) Date thereof Jan 1-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clearfork Cemetery

18. (a) Signature of funeral director A. W. Hartley

(b) Address East Lynne

19. (a) 1-18-41 (b) W. W. [unclear]
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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..... *A. D. Hartzler*

Licensed Embalmer No. *2717*

P. O. Address *East Lyme*

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.