MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

43518

FILED JAN 25 1941

1. PLACE OF DEATH

County: Phelps — Registration District No.: 160

Township: Springfield 2 — Primary Registration District No.: 5908

City: Edgar Springs (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME: Jane Karnes

(a) Residence, No. ..... Edgar Springs St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Louis Karnes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 25, 1856

7. AGE: Years 84 | Months 10 | Days 25 | If less than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ....

10. Date deceased last worked at this occupation (month and year): 12-1940

11. Total time (years) spent in this occupation: 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Phelps Co. Mo

FATHER

13. NAME: Not Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " " 9

MOTHER

15. MAIDEN NAME: " " 9

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Ellie Karnes Cuddock Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Mitchell Cem DATE: 12-24-1940

19. UNDERTAKER (ADDRESS): Smith & Ferguson Licking Mo

20. FILED 1-24-1941 Alpha Capps Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-23-1940

22. I HEREBY CERTIFY, That I attended deceased from 12-22, 1940, to 12-24, 1940

I last saw her alive on 12-23, 1940. Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Chronic	

Other contributory causes of importance: Flue

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Leslie Randall M. D.

(Address) Licking Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS 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

20M-2-19-38 I X7294

RECEIVED
District Health Officer No. 6
District File Number 1290/236
Filed