

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43726

State File No. _____

Registration District No. 273

Primary Registration District No. 4464

Registrar's No. 206

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

8. (a) PRINT FULL NAME Jacob Frederick Karsch

8. (b) If veteran, name war none 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife Margaret Karsch 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased January 27 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 0 If less than one day hr. _____ min. _____

9. Birthplace Farmington Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John M. Karsch
Germany

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

14. Maiden name _____
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Geo Karsch
(b) Address 807 W. Columbia, Farmington, Mo.

17. (a) Burial (b) Date thereof Dec. 29 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cemetery

18. (a) Signature of funeral director Richardson Funeral Home
(b) Address 303 W. Columbia, Farmington, Mo.

19. (a) Dec 29-40 (b) R. D. Robinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County GREEN
(c) City or town RURAL-ORIG.
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 27
year 1940 hour _____ minute 3:25 P.

21. I hereby certify that I attended the deceased from Dec 24 1940, to Dec 27 1940
that I last saw him alive on Dec 27 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Fever

Due to _____
Due to _____

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

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? NO
Where at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature R. Appleberry (M. D. or other) Dec 29 40
Address Farmington Mo Date signed _____

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

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.....

Paul K. Dugal

Licensed Embalmer No. 4120

P. O. Address. Farmington 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.