

S. No. 2
M-4-13-40
V. 5-17-39
I X23139

FILED MAY 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14757

Registration District No. 395 Primary Registration District No. 5551A 4232 Registrar's No. 7

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

1. PLACE OF DEATH: Jackson

(a) County.....

(b) City or town Blue Springs
(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 30 Yrs (Specify whether
In this community 30 Yrs years, months or days)

3. (a) PRINT FULL NAME Doratheia Krahenbuhl

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

4. Sex FM / race W 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased May 26th 1853
(Month) (Day) (Year)

8. AGE: Years 87 Months 10 Days 20 If less than one day
hr. min.

9. Birthplace Latvia, Russia 6
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business Rosenthal

12. Name Germany

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Erdmann

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Johanna Krahenbuhl
(b) Address Blue Springs Mo

17. (a) Burial (b) Date thereof April 18 41
(Burial, cremation, or removal) Blue Springs Mo (Month) (Day) (Year)

(c) Place: burial or cremation RB. Webb

18. (a) Signature of funeral director Blue Springs MO
(b) Address

19. (a) April 17-41 (b) Kathryn Rame
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Missouri Jackson 48

(a) State..... (b) County.....

(c) City or town Blue Springs 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 46 yrs 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 15
year 1941 hour 4:00 minute P M.

21. I hereby certify that I attended the deceased from 2-20-41
to 3-29-41
that I last saw him alive on 3-29-41
and that death occurred on the date and hour stated above.

Immediate cause of death uremia Zukr.

Due to Chronic nephritis ?

Due to Arteriosclerosis ?

Other conditions Senile Dementia 2 mo.
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations 1318

Of autopsy

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?
312

(Specify type of place)
Where it work?..... (e) Means of injury.....

23. Signature Jack E. Ingham (M. V. Seal)
Address Blue Springs, Mo. Date signed 4/17/41

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.....

Licensed Embalmer No. *2353*

P. O. Address..... *Blue Springs*

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, fact should be so stated above.