

Registration District No. 532

Primary Registration District No. 43918-6242 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Rural, Reelwood
(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 75 (Specify whether years, months or days)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Minnie Virginia Karlaek

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

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

6. (b) Name of husband or wife Ed Karlaek 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Nov 22 - 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>4</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation House Keeper

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Shain

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

14. Maiden name Francis Ellis

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

16. (a) Informant's own signature Kathryn King

(b) Address Atlanta Mo

17. (a) Burial (b) Date thereof April 22 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LaPlata

18. (a) Signature of funeral director D. Schristie

(b) Address LaPlata

19. (a) April 23 1941 (b) Lucy J. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon

(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 April day 21
year 1941 hour 7 a.m. minute _____ M.

21. I hereby certify that I attended the deceased from March 22, 1941, to April 21, 1941.

that I last saw her alive on Apr 20, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chronic Interstitial Nephritis

Due to and Lymphatic Leukemia

Due to _____

Other conditions (include pregnancy within 3 months of death) None.

Major findings: Of operations None

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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? _____

23. Signature H. O. Newton (M. D. or other) _____

Address LaPlata Mo Date signed 4/21/41

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.

RECEIVED

District Health Officer No. 10

District File Number 5-41-949

Date Filed MAY 14 1941

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.....

P. O. Address.....

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.