

FILED MAY 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15369**

Registration District No. **639**

Primary Registration District No. **3848 4383**

Registrar's No. **10**

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Chamois, Mo
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days 5 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage **76**
(c) City or town Chamois, Mo **0**
(If outside city or town limits write "RURAL") **0**
(d) Street No. _____ (If rural, give location) **0**
(e) If foreign born, how long in U. S. A.? 0 58 years.

3. (a) PRINT FULL NAME Charley Krcmar

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

4. Sex Male 6. Color or race White 6. (e) Single, widowed, married, divorced Single

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

7. Birth date of deceased Oct 4 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	6	22	3 hr. 45 min.

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

10. Usual occupation Tailor

11. Industry or business _____

MOTHER FATHER
12. Name Thomas Krcmar
13. Birthplace Cimitz Bohemia
(City, town, or county) (State or foreign country)
14. Maiden name Annie Moydell
15. Birthplace Molic Bohemia
(City, town, or county) (State or foreign country)

16. (a) Informant George Kishmar
(b) Address Chamois, Mo.

17. (a) Burial (b) Date thereof 4-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chamois City Cemetery

18. (a) Signature of funeral director Otto T. Stockrich

(b) Address Chamois, Mo.

19. (a) 3-1-41 (b) Esther Souder
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1941 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Tubo Pulmonaria

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? _____

570 While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. J. McMillin (M. D. or other) 11

Address Chamois Date signed 4-28-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed Otto T. Stockpich

Licensed Embalmer No. 1902

P. O. Address Chamois, 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.