S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18224

Registration District No. 449 Primary Registration District No. 4267 Registrar's No.

1. PLACE OF DEATH:
(a) County LACLEDE
(b) City or town LEBANON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WALLACE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County 999
(c) City or town Washington D.C. 49
(If outside city or town limits, write "RURAL")
(d) Street No. 1814 Kilbourne Pl. WO
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Antonia Kral

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife J. J. Kral

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May (Month) 22 (Day) 1870 (Year)

8. AGE: Years 70 Months 11 Days 13 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Anton Kral
13. Birthplace (City, town, or county) 6 CZECHOSLOVAKIA (State or foreign country)

MOTHER
14. Maiden name Kathry David
15. Birthplace (City, town, or county) 9 (State or foreign country) 11

16. (a) Informant Georgia Paul
(b) Address 4713 LEE Highway Arlington Va

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Chicago Ill

18. (a) Signature of funeral director Pahmer
(b) Address Lebanon Mo 404

19. (a) 5-7-41 (Date received local registrar) (b) J. A. McCouch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1941 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Apr 21, 1941, to May 5, 1941; that I last saw her alive on May 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Myocarditis

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy no

Duration

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

23. Signature J. L. Benage (M. D. or other)
Address Lebanon Mo Date signed 5-7-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 6-41-1026
Date Filed 6-12-41

MAY 29 1951

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 R O Palmer

Licensed Embalmer No. 1161

P. O. Address Lebanon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.