

FILED JUL 1 1941

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town _____

(c) Name of hospital or institution: St. Frances Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Viola May KAUF.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex 7 / 1 5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Sept 20 1934
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

6 8 27 hr. _____ min.

9. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation School girl

11. Industry or business _____

12. Name Thomas Kary

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

14. Maiden name Elizabeth Ray

15. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Kary

(b) Address Allenville Mo

17. (a) Burial (b) Date thereof 6-19-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Allenville Cemetery

18. (a) Signature of funeral director McLamb

(b) Address Jackson

19. (a) 6-18-41 (b) Jim Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Allenville
(If outside city or town limits, write "RURAL")

(d) Street No. St. Frances
(If rural, give location)

(e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 17
year 41 hour 9 minute 10 P. M.

21. I hereby certify that I attended the deceased from 6/17, 1941 to 6/17, 1941;

that I last saw her alive on 6/17, 1941;

and that death occurred on the date and hour stated above.

Immediate cause of death: GUN SHOT WOUND

Due to ABDOMEN + STOMACH

Due to 184-8

Other conditions (include pregnancy within 3 months of death) 37

Major findings: GUN SHOT WOUND
Of operation: of stomach
Of autopsy _____

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

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

(b) Date of occurrence 6-17-41 O16

(c) Where did injury occur? Allenville MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
12 FARM

23. Signature ab Smith (M. D. or other) 200
Address Cape Girardeau Date signed 6/18/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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, fact should be so stated above.