

Registration District No. 318

Primary Registration District No. 5440

Registrar's No. 499

1. PLACE OF DEATH: GREENE S Campbell

(a) County _____

(b) City or town Springfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Ozark Osteopathic Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 da
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Calhoun, Mo.
(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.? 1 years.

3. (a) PRINT FULL NAME Charles Franklin Kracaw

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Hunetta M. Kracaw

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased May 1 - 1863
(Month) (Day) (Year)

8. AGE: Years 1 78 Months 1 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Washington Co. / Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Otto Kracaw

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

14. Maiden name Hornig

15. Birthplace Geneseo Hutton Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Hunetta M. Kracaw

(b) Address Calhoun, Mo.

17. (a) Burial (b) Date thereof June 19, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun Cemetery

18. (a) Signature of funeral director W. E. Handley

(b) Address Calhoun, Mo.

19. (a) 6-19-41 (b) W. E. Handley MK
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1941 hour 1 minute 10 P. M.

21. I hereby certify that I attended the deceased from June 4, 1941, to June 17, 1941;

that I last saw him alive on June 17, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Carcinoma of Prostate primary

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Carcinoma of Prostate and Bladder

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? _____

23. Signature William J. Fitzgerald (M. D. or other) _____
(Specify type of place) (c) Means of injury

While at work? _____

Address 2100 S. J. Holland Date signed 6/17/41

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 myself

Registered Apprentice No. _____

working under my personal supervision.

Signed

J. A. Housey

Licensed Embalmer No.

3509

P. O. Address

Calhoun 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, fact should be so stated above.

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