

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1941

Registration District No. 669

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

25824

Primary Registration District No. 4892

Registrar's No.

14

1. PLACE OF DEATH:

(a) County. Pettis-Smithton Twp.
(b) City or town. Rural
(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 11 month (Specify whether years, months or days)

3. (a) PRINT FULL NAME Anna R. Kahro

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
7. Birth date of deceased 4 - 6 - 1861 (Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 14 If less than one day hr. min.

9. Birthplace Lake Creek, Pettis Co (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Carl Ringen
13. Birthplace Germany
14. Maiden name Margaret
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Stanley Kahro
(b) Address Smithton Mo

17. (a) Burial (b) Date thereof 7-24-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton Mo

18. (a) Signature of funeral director A. F. Remmer
(b) Address Smithton Mo

19. (a) 7-24-1941 (b) Anna R. Kahro (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Smithton 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. 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 10 year 1941 hour minute 45 P. M.

21. I hereby certify that I attended the deceased from 6-70-39 to 7-22-41, 1941, and that I last saw him alive on 7-22-41, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chron. Int. Nephritis
Due to 131 ft

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of work) (Specify means of injury)
23. Signature E. A. Wolken (M. D. or other)

Address Smithton Mo Date signed

AUG 5 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 *A. F. Nemmeyer*
Licensed Embalmer No. *3912*
P. O. Address *Smithton Ind*

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.