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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28906

Registration District No. 591 Primary Registration District No. 5789 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Rural Prairie Twnshp.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ——— (Specify whether
In this community 15 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Montgomery 70

(c) City or town Middletown Mo 80
(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.? —— 0 years.

3. (a) PRINT FULL NAME Mary Lorene Kraft

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Herman Kraft

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased July 26 1903
(Month) (Day) (Year)

8. AGE: Years 38 Months Days 16 If less than one day hr. min.

9. Birthplace Middletown, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Curtis Cobbb
13. Birthplace Middletown, Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caldwell
15. Birthplace Osceola, Ohio /
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Kraft
(b) Address Middletown, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/13/1941
(Month) (Day) (Year)

(c) Place: burial or cremation Middletown Cemetry

18. (a) Signature of funeral director K. B. Wells
(b) Address Wellsville, Missouri

19. (a) Aug 13/41 (Date received local registrar) (b) Lisle Reg (Registrar's signature) 521

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11 year 1941 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from 5-11-41, 19..., to 8/11/41, 19...; that I last saw her alive on 8/11/41, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	7
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13B

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. B. Bland (M. D. or other) 0
Address Wellsville Date signed 8/13/41

(Licensed Embalmer's Statement on Reverse Side)

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 an Th

11th day of Aug. 1941, Registered Apprentice No. ____

working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 1487

P. O. Address Montgomery City

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

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