

JAN 10 1942

Registration District No. 40

Primary Registration District No. 4024

Registrar's No. 51

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

1. PLACE OF DEATH:

(a) County Barton
 (b) City or town Lamar
 (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 25 years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME ELIZABETH A. KREBS

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 Widowed

6. (b) Name of husband or wife Joseph E. Krebs 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 14 1860
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 11 3 hr. _____ min.

9. Birthplace Warrenton, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Schaden

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

14. Maiden name Margaret Linbeck

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

16. (a) Informant Margaret Reiley

(b) Address Lamar, Missouri

17. (a) Burial (b) Date thereof Dec 21 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barton City Cemetery

18. (a) Signature of funeral director KONANTZ FUNERAL HOME

(b) Address Lamar, Missouri

19. (a) Dec-20-41 (b) Mrs. Josephine Mynatt
 (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
 (c) City or town Lamar, Missouri
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19th
 year 1941 hour 12:00 minute _____ P.M.

21. I hereby certify that I attended the deceased from December 18, 1941
 to December 17, 1941
 that I last saw her alive on December 17, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Renal-Vascular Disease
 Due to superimposition of age

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

131a

Of autopsy _____

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?

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

Signature Thos. F. Miller (M. D. another) ()

Address Lamar, Mo. Date signed 12/18/41

RECEIVED

District Health Officer No. 6,

District File Number 142-43

Date Filed JAN 6 1942

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.....

Carl J. Konantz
Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri.

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.