

FILED MAR 5 1942

Registration District No. 10 Primary Registration District No. 200 Registrar's No. 262

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

1. PLACE OF DEATH:

(a) County St. Louis Co

(b) City or town Jemmy Mo
(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 10 dy -
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis Co

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

(d) Street No. R11- (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Marie Kranna

3. (b) If veteran, name war 70

3. (c) Social Security No. MC

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Michael Kranna 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb-22-1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 10 If less than one day _____ hr. _____ min.

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

10. Usual occupation House work

11. Industry or business at Home

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Christina Bond

(b) Address Jemmy Mo

17. (a) Burial (b) Date thereof Feb 4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Cemetery

18. (a) Signature of funeral director Joseph Red

(b) Address 1742 Michigan Ave

19. (a) 2-3-42 (b) G. S. Mc
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1
year 1942 hour 8 minute 00 M.

21. I hereby certify that I attended the deceased from Jan 27 1942 to Jan 31 1942
that I last saw her alive on Jan 31 1942
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to _____

Due to _____

Other conditions Arterio sclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations 9/20

Of autopsy _____

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)

(a) Means of injury 0

23. Signature Mateida L. Feb (M. D. or other)

Address 7119 Mecklen Date signed _____

5-3701

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 *Oleiver Rendle*.....

Licensed Embalmer No. *4148*.....

P. O. Address *Genoa, 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.