

FILED APR 24 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10860

Do not use this space.

1. PLACE OF DEATH

(a) County Grundy Registration District No. 329
 (b) Township Marion Primary Registration District No. 5454a Registered No. 040
 (c) or City Rural (If death occurred in Hospital or Institution, write its name instead of street and number)
 (d) Street No. RFD #1
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

CAROLINE KRANZ
 (a) Residence, No. Galt Mo RFD #1 St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single 0

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 10 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. at home
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co Mo13. NAME John Geo. Kranz14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Annie16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Charles Kranz
Galt Mo RFD18. BURIAL, CREMATION, OR REMOVAL PLACE Indley DATE Mar. 9 194219. FUNERAL DIRECTOR (NAME) (ADDRESS) DK Paymer
Galt Mo20. FILED 3-24 19 42 Nada W. Hoffmann
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 194222. I HEREBY CERTIFY, That I attended deceased from 2-21-1942 to 3-6-1942I last saw him alive on 2-21-1942 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Organic heart disease
(Myocardial Regurg)

Other contributory causes of importance: dropsyName of operation Final Date of 2-27
What test confirmed diagnosis Final Was there an autopsy Yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury
Nature of injury hid24. Was disease or injury in any way related to occupation of deceased? hidIf so, specify (Signed) H. C. Weston, M. D.(Address) Galt Mo

1202 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-9-19-35
I X16605

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..... *PK Payne Jr*
Licensed Embalmer No. *3400*
P. O. Address..... *Gait*

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.