DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1942

Registration District No. 496

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3025

State File No. 11220

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield City (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 6½ hrs (Specify whether

In this community 1 yr 3 mo 7 da years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 058

(c) City or town Marceline 2 (If outside city or town limits, write "RURAL") 1

(d) Street No. 211 W. Chicago (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Ronald Lee Karaff

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Dec. (Month) 31 (Day) 1940 (Year)

8. AGE: Years 1 | Months 3 | Days 7 | If less than one day ___ hr. ___ min.

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

10. Usual occupation at Home

11. Industry or business

FATHER
12. Name John Karaff
13. Birthplace Lovilla (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Mabel Moorehead
15. Birthplace Kirksville (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature John Karaff

(b) Address Marceline Mo 211 W Chicago

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 10-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Kirksville Mo

18. (a) Signature of funeral director James McLaughlin

(b) Address Marceline Mo

19. (a) 4-9-1942 (Date received local registrar) (b) W W Cannan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1942 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from Birth, Dec 31, 1940 to April 8, 1942 that I last saw him alive on April 8, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Convulsions	18 hrs.
Due to: Pneumonia	24 hrs
Due to:	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John W. Aiken (M. D. or other) Dr.

Address Marceline Mo. Date signed 4/8/42

456

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19511

Ken

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 Dale Bunch,

Licensed Embalmer No. 4088

P. O. Address Marceline, 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, above space should be left blank.

V. S. No. 2B
10M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11220

Registration District No. 496 Primary Registration District No. 3025 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Ronald L. Karaff

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec (Month) 31 (Day) 1942 (Year)

8. AGE: Years 1 Months 3 Days 2 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death) 108

Major findings:
Of operations

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

23. Signature John W. Arken (M.D. or other)
Address Marceline Mo. Date signed 7/4/42

11220