

FILED MAY 8 1942
318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Freeman

14360

State File No.

Registrar's No.

Registration District No.

Primary Registration District No. 2001

275

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution 1022 St. Louis /
(d) Length of stay: In hospital or institution 24 Years
In this community 24 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(d) Street No. 1022 St. Louis
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Benjamin F. Karstien

(b) If veteran, name war no (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Lauraina Karstien 6. (c) Age of husband or wife if alive Unknown 1864 years

7. Birth date of deceased July 23

8. AGE: Years 77 Months 8 Days 16

9. Birthplace New Orleans / Louisiana

10. Usual occupation Retired

11. Industry or business

12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Herbert Karstien
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof April 11 1942
(c) Place: burial or cremation Maple Park Cem.

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) Date received local registrar 4-10-42 (b) Registrar's signature Dr. W. Handley

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9 year 1942 hour 4 minute 5 p. M.

21. I hereby certify that I attended the deceased from 1942 to April 9, 1942
that I last saw him live on 4-9 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to hypertension

Other conditions 43a
(Include pregnancy within 3 months of death)

Major findings: Of operations 2
Of autopsy no

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature J. F. Freeman (M. D. or other)
Address Springfield Date signed 4/10/42

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 *Walter E. Hancock*

Licensed Embalmer No. *3808*

P. O. Address *Springfield 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.

Y