

FILED AUG 21 1942
Registration District No. **184**

Primary Registration District No. **3008**

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

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital No 24
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs 1 M 25 Specify whether

In this community 2 yrs 1 M 25 years, months or days

3. (a) PRINT FULL NAME Elizabeth Kratzer

3. (b) If veteran, name war D.K.

3. (c) Social Security No. 720

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Fred Kratzer

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

7. Birth date of deceased Aug 15 1883
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 22 If less than one day hr. min.

9. Birthplace Switzerland (City, town, or county) (State or foreign country) 5

10. Usual occupation Housewife

11. Industry or business

12. Name: Elizabeth Kratzer

13. Birthplace Switzerland (City, town, or county) (State or foreign country) 5

14. Maiden name Marguerite Myre

15. Birthplace Switzerland (City, town, or county) (State or foreign country) 5

16. (a) Informant Record

(b) Address

17. (a) Removed (b) Date thereof 7-7-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brobachs Cement

18. (a) Signature of funeral director Bondin Funeral Home

(b) Address California - 7th

19. (a) 7-7-1942 (b) Jose Morosoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Moniteau 14

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

(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 July day 7 year 1942 hour 8 minute 9 M.

21. I hereby certify that I attended the deceased from 7/2/42, 1942, to 7/7/42, 1942; that I last saw him alive on 7/7/42, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Abscess

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 124 P

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?

While at work? (Specify type of place) (f) Means of injury 0

23. Signature Burge of Record (M. D. or other) MD
Address Fulton Date signed 7/7/42

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 Earl R. Boulin

Licensed Embalmer No. 2126

P. O. Address California, Pa.

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.