

FILED DEC 12 1942

Registration District No. 134

Primary Registration District No. 4271

Registrar's No. 88

44
0

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

1. PLACE OF DEATH Holt.

(a) County.....

(b) City or town Mound City, 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.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri Holt. 44

(a) State..... (b) County.....

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

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

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

If yes, name country..... 0

3. (a) PRINT FULL NAME Mary Agnes Karns.

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 20th,
year 1942. hour 9 O'Clock minute 30 A. M.
day

21. I hereby certify that I attended the deceased from Nov 10
1942 to Nov 20 1942
that I last saw her alive on Nov 18 1942
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased Jan. 22nd, 1865.
(Month) (Day) (Year)

Immediate cause of death:
Cerebral hemorrhage 12 days
Due to arterio sclerosis

Due to.....

Other conditions (Include pregnancy within 3 months of death) 1/20

8. AGE: Years 77 Months 9 Days 28 If less than one day
hr. min.

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

10. Usual occupation House work.

Major findings: Of operations.....

Of autopsy.....

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

11. Industry or business.....

12. Name August Henry Armack.

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

14. Maiden name Agnes Hoalie

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

16. (a) Informant Viola Karns
(b) Address Mound City, Mo.

17. (a) Burial (b) Date thereof Nov. 23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound City, MO.

18. (a) Signature of funeral director W. Crawford
(b) Address Mound City, Mo.

19. (a) 11-23-42 (b) Pauline Crawford
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury.....

While at work?.....

23. Signature FE Hagan (M. D. or other) 0
Address Mound City, MO Date signed 11-23-42

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..... *W.H. Crawford*.....
Licensed Embalmer No. *1824*.....
P. O. Address..... *Mound City, 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.