

FILED DEC 11 1942

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 175

1. PLACE OF DEATH:

(a) County Vernon
 (b) City or town Newada, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1228 W. White St. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 1 yr. (Specify whether years, months or days)

3. (a) PRINT FULL NAME George H. Kratzer
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, divorced, Single
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Nov 19, 1856
(Month) (Day) (Year)

8. AGE: Years 86 Months 0 Days 2 If less than one day hr. min.

9. Birthplace Mt. Oriskany, Ohio-1
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business.....

12. Name James Kratzer

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

14. Maiden name Margaret Mohler

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

16. (a) Informant Mrs. O. D. Cook

(b) Address 1228 W. White St.

17. (a) Burial (b) Date thereof 11-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leekwood Cem.

18. (a) Signature of funeral director Thasch Schinger

(b) Address Newada, Mo.

19. (a) NOV 21, 1942 (b) Elizabeth Breckenridge
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
 (c) City or town Newada
(If outside city or town limits, write "RURAL")
 (d) Street No. 1228 W. White St. 2
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
 year 1942 hour 8 minute 0 A M.

21. I hereby certify that I attended the deceased from Nov 2, 1942 to Nov 21, 1942
 that I last saw him alive on Nov 18, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure from chr. myocarditis
 Duration ?

Due to 930

Due to chr. bronchial asthma 15 yrs

Other conditions chr. bronchial asthma 15 yrs
(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?

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

23. Signature D. P. King (M. D. or other).....
 Address Newada, Mo. Date signed 11-23-42

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

MOTHER FATHER

108
1
2

106

1231

NOV 12 1942

RECEIVED

District Health Officer No. 7,

District File Number 12-42-1319

Date Filed 12-9-42

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 Mark C. Schinger
Licensed Embalmer No. 12656
P. O. Address Nevada, 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.