

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution:
3315 Penn Str.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Lifetime (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 3315 Penn St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Charles Kratt

MEDICAL CERTIFICATION

3. (b) If veteran, name war None

3. (c) Social Security No. None

20. DATE OF DEATH: Month Mar. day 5th
year 1943 hour 5 minute 30 P. M.

4. Sex Male 5. Color or race White

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

21. I hereby certify that I attended the deceased from Dec 22, 1942 to March 5, 1943;
that I last saw him alive on March 5, 1943;
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Carrie C. Kratt

6. (c) Age of husband or wife if alive 70 years

Immediate cause of death Hodgkins Disease Duration unknown

7. Birth date of deceased November 26 1867
(Month) (Day) (Year)

Due to ✓

Due to ✓

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>3</u>	<u>9</u>	hr. _____ min. _____

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

Major findings:
Of operations ✓

Of autopsy ✓

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Retired Cigar Mfg.

11. Industry or business _____

12. Name John Kratt

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

14. Maiden name Elizabeth Keller

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

16. (a) Informant Mrs. Carrie C. Kratt

(b) Address 3315 Penn St., St. Joseph, Mo.

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? _____

17. (a) Burial (b) Date thereof Mar. 8, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

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

23. Signature Gustav Star (M. D. or other) md
Address 1116 Blue St. Joseph, Mo. Date signed 3/6/43

18. (a) Signature of funeral director Hermauth M. S. S. S.

(b) Address 1802 Union Str., St. Joseph, Mo.

19. (a) 3-8-43 (b) Ace Herley
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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

John B. Clurley

Licensed Embalmer No. 4050

P. O. Address. St. Joseph, 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.