S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13734

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 427

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: 311 Fleeman St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 54 years 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. 311 Fleeman St. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Nana Karrle

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Karrle

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

7. Birth date of deceased March 12 1870 (Month) (Day) (Year)

8. AGE: Years 73 | Months 1 | Days 5 | If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Widman
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Rosie Widman
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Henry Karrle

(b) Address St Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-43 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address 1946 Colhoun St.

19. (a) 4-19-43 (Date received local registrar) (b) Rose Hugry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17 year 1943 hour 2 minute A M.

21. I hereby certify that I attended the deceased from march 22, 1943 to April 17, 1943 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Cerebral Hemorrhage	26 days
Due to	
Other conditions diabetes mellitus (Include pregnancy within 3 months of death)	years

Major findings: Of operations no operation

Of autopsy None

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature S E Mellivey (M. D. or other) M.D.

Address 401 Ballinger Bld Date signed 4/17/43

1233 (Licensed Embalmer's Statement on Reverse Side) St Joseph. Mo

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 Robert L Gapl

Licensed Embalmer No. 3308

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.