

FILED MAY 20 1948 65

Registration District No. 65

Primary Registration District No. 5249

Registrar's No.

1. PLACE OF DEATH:

(a) County Chariton  
(b) City or town Dalton (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Bonding Home Temp  
(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:

(a) State Missouri (b) County Chariton  
(c) City or town Dalton Mo R#1  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME CARRIE GERTRUDE BOND

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st  
year 1943 hour 1 minute 30.77 M.  
21. I hereby certify that I attended the deceased from April 1-43  
\_\_\_\_\_ 1943 to April 1 1943  
that I last saw him alive on April 1 1943  
and that death occurred on the date and hour stated above.

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife C. E. Bond 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 17 1872  
(Month) (Day) (Year)

Immediate cause of death Mitral Regurgitation Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
70 5 14 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Other conditions over weight & senility  
(Include pregnancy within 3 months of death)

10. Usual occupation at home  
11. Industry or business house work

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 928  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

12. Name Herman J. Kraut  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Christine Karpf  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant C. E. Bond  
(b) Address Dalton Mo  
17. (a) Burial (b) Date thereof 4-4-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Dalton 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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director L. Mausel  
(b) Address Brunswick Mo  
19. (a) 4-4-43 (b) 928  
(Date received local registrar) (Registrar's signature)

23. Signature J. R. Gentry (M. D. or other) D.O.  
Address Brunswick Mo Date signed 4/1-43

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

MOTHER FATHER

5-12-43

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**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 L. Mausel.....

Licensed Embalmer No. 823.....

P. O. Address Brennsville M......

**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.**