

ED MAY 20 1943
Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 112

1. PLACE OF DEATH:

(a) County. PETTIS
(b) City or town. SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
115 E 6TH ST. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 20 YRS. (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOSEPH KAHR

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WID

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

7. Birth date of deceased. AUG - 13 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 7 18 hr. min.

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

10. Usual occupation. RETIRED

11. Industry or business.

12. Name. JOHN KAHR

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

14. Maiden name. MARY

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

16. (a) Informant. ALMA HAUSAM

(b) Address. SEDALIA Mo.

17. (a) BURIAL (b) Date thereof. 4-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. SMITHTON, MO.

18. (a) Signature of funeral director. GILLESPIE, F.H.

(b) Address. SEDALIA

19. (a) 3/31/43 Ans Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO (b) County. PETTIS
(c) City or town. SEDALIA 80
(If outside city or town limits, write "RURAL.")
(d) Street No. 115 E 6TH ST. 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 31
year 1943 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Jan 16th 1943 to March 31st 1943
that I last saw him alive on March 30, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Fracture of hip

Due to. Fall on floor

Due to. Senile degeneration of feet, Arterio Sclerosis

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

Major findings: Of operations.

Of autopsy. None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify). 1822
(b) Date of occurrence.
(c) Where did injury occur? his house
(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) (c) Means of injury.

23. Signature. Board Bolling (M. D. or other) ✓
Address. Sedalia Mo Date signed. 3-31-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

80
6
4

1022

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 5-19-43

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. E. Boulton

Licensed Embalmer No.

3867

P. O. Address

Salatin

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 714

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 112

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(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)

3. (a) PRINT FULL NAME Joseph Kahrs
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 13 1903 (Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 2 If less than one day _____ min.

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

10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Specify type of place)

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar 1943 year. 1943 hour _____ minute 13 M.
21. I hereby certify that I attended the deceased from _____ 19____;
that I or saw him/her alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of hip
Due to Fall on floor
Due to Semio-gangrenous foot
Other conditions arterio-sclerosis
(include pregnancy within 3 months of death)

Major findings:
Of operations 186a
Of autopsy A
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) accident
(b) Date of occurrence Jan 13th 1943
(c) Where did injury occur? Sedalia Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
fell on floor getting out of bed.
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Ward Bohling (M. D. or other) _____
Address Sedalia Mo. Date signed 2-29-43

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

SUPPLEMENTAL

2 MF

S-18662