

ED JUL 24 1943

Registration District No. 23

Primary Registration District No. 5143

Registrar's No. 200

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town: Poplar Bluff, Mo. 2 mi. S. W. of
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
8 miles N. on Hi-way 67
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 47 years

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Butler

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Hi-way 67 North - 8 miles
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Blaine H. Karsner

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Nov. 31, 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57 7 3 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Webster Karsner

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

14. Maiden name Anna Watson

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

16. (a) Informant Ms. Maggie Karsner

(b) Address Poplar Bluff, Mo.

17. (a) B. (Burial, cremation, or removal) (b) Date thereof 6-28-43
(Month) (Day) (Year)

(c) Place: burial or cremation Cane Creek - Butler Co., Mo.

18. (a) Signature of funeral director Frank Cottrell Funeral Chapel

(b) Address Poplar Bluff, Mo.

19. (a) 6-30-43 (Date received local registrar) (b) Belle Stimmel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1943 hour 3:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan - 1942 to June 24, 1943 that I last saw him alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death acute Endocarditis Duration 3 days

Due to arteritis deformans 4 years

Due to _____

Other conditions (Include pregnancy within 3 months of death) 918

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 place) (e) Means of injury _____

23. Signature Alfred P. Rowe (M. D. or other) 6-26-43
Address Poplar Bluff Date signed _____

RECEIVED

District Health Office No. 2,

District File Number 743-281

Date Filed 7-19-43

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 Grover W Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.