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M-2-43
5-17-39
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24859

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 24 1943 107

Registration District No. _____

Primary Registration District No. 3019

Registrar's No. 154

1. PLACE OF DEATH:

(a) County DUNKLIN
(b) City or town KENNETT MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
PIRESNELL HOSP. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Camden 78
(c) City or town Bragg City 11
(If outside city or town limits, write "RURAL")
(d) Street No. R. 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME KRANK LANNIE

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 1
6. (b) Name of husband or wife Bush 6. (c) Age of husband or wife if
alive 20 years
7. Birth date of deceased Feb 22 1922
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
20 5 18 hr. _____ min.

9. Birthplace Center Ridge Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business _____

12. Name Pete Krann

13. Birthplace New York N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Paolina
15. Birthplace Center Ridge Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Krann

(b) Address 12 1 Bragg City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-43
(Month) (Day) (Year)

(c) Place: burial or cremation Little Prairie Cem. near Kennett

18. (a) Signature of funeral director H. S. Smith

(b) Address Baruthersville Mo.

19. 6-25-43 (Date received local registrar) Julia B. Cantelmo (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6/24 day 24
year 1943 hour 2 minute 45.6 M.

21. I hereby certify that I attended the deceased from June 22
1943 to June 24, 1943
that I last saw him alive on June 23, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Ruptured appendix with generalized peritonitis with acute pneumonia
Duration _____

Due to _____

Due to _____

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

12/11

Major findings: Appendix Gangrenous
Of operations ruptured; Generalized
Of autopsy peritonitis

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 _____

13. Signature J. R. Presnell (M. D. or other) _____

Address Kennett Mo. Date signed 6/24/43

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number 743-871

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 [Signature].....

Licensed Embalmer No. 3909

P. O. Address Caruthersville

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.