

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34976
Registrar's No. 1125

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2219 Dewey Avenue, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 69 years, (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan
(c) City or town Saint Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2219 Dewey Avenue,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lena Karol,

3. (b) If veteran, name war None, 3. (c) Social Security No. None,

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

6. (b) Name of husband or wife Herman A. Karol, 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 19, 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>6</u>	<u>24</u>	hr. _____ min.

9. Birthplace Saint Joseph, Missouri, 0
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business _____

MOTHER FATHER { 12. Name August Vortanz
13. Birthplace Unknown, Germany, 4
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Julia Schmist,
15. Birthplace Unknown, Germany, 4
(City, town, or county) (State or foreign country)

16. (a) Informant George O Karol
(b) Address 2219 Dewey Avenue,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/15/43,
(Month) (Day) (Year)

Place, burial or cremation Ashland Cemetery,
Newton, Butler, Bowman Funeral

18. (a) Signature of funeral director _____
(b) Address 319 So. 10th. Street, Home

19. (a) 10/15/43 (Date received local registrar) (b) Rose Heitzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13th.
year 1943, hour 11.00 minute a. M.

21. I hereby certify that I attended the deceased from 10-12-43
_____, 19____, to 10-13-43, 19____;
that I last saw h. er alive on 10-12- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic carditis Several Mo
Generalized Arteriosclerosis years

Due to _____

Due to embolus months

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)
Senility,

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) (Country) (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 W.E. Grimes (M. D. or other)
Address Kirkpatrick Building Date signed 10-14-43

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

1233

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

Elmer Thomas

Licensed Embalmer No.

2640

P. O. Address

St Joseph 740

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.