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43403

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 13 1944

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. _____

1. PLACE OF DEATH

(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 10 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Mrs Nettie Merl Kranton

3. (b) If veteran, name war no 3. (c) Social Security No. 490-053352

4. Sex female 5. Color or race white 6. (a) Single, widowed, married divorced, married
(b) Name of husband or wife Mere Kranton 6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Dec 8 1905
(Month) (Day) (Year)

8. AGE: Years 38 Months 0 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business None

12. Name J E Daves

13. Birthplace Lincoln Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Alvina Percenena

15. Birthplace Calhoun Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mere Kranton

(b) Address Louisiana Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23-43
(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Mo

18. (a) Signature of funeral director Walter J. Daves

(b) Address Louisiana Mo

19. (a) 12/22/43 (Date received local registrar) (b) Walter J. Daves (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21 year 1943 hour 4 minute 30 p M.

21. I hereby certify that I attended the deceased from 9-10 1941 to 12-18 1943

that I last saw her alive on 12-18 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Death through the leukemia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) n/a

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) _____

(b) Date of occurrence none

(c) Where did injury occur? none
(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 Walter J. Daves (M. D. or other) Address Louisiana Mo Date signed 12/22/43

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

MOTHER FATHER

1109

RECEIVED

District File Number 1-44-118
Date filed JAN 12 1944

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.....

George O. Wagner, Registered Apprentice No.
working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Leisiana, 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.