S. No. 2
0M—2-43
v. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

7287

State File No.

Registration District No. 1437

Primary Registration District No. 5513

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton Lecanville Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
15 Mi E of Clinton
(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)

In this community 45 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

(d) Street No. 15 Mi E of Clinton
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Virgil A Karr

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 Married

6. (b) Name of husband or wife Nanni Karr

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Sept (Month) 23 (Day) 1897 (Year)

8. AGE: Years 46 Months 4 Days 8 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Oscar Karr

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

14. Maiden name Martha Parker

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

16. (a) Informant Oscar Karr

(b) Address Clinton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 8 44 (Month) (Day) (Year)

(c) Place: burial or cremation Shelby Grove

18. (a) Signature of funeral director Jack Wehrmann

(b) Address Clinton Mo

19. (a) February 3, 1944 (Date received local registrar) Georgia Kitchen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1
year 1944 hour 1 minute 00 P. M.

21. I hereby certify that I attended the deceased from Oct 22
Oct 22 1943 to Jan 27 1944
that I last saw him alive on Jan 27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic endocarditis

Due to Influenza

Due to

Other conditions (Include pregnancy within 3 months of death) 13d

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 E. H. Taylor (M. D. or other)

Address Brownington Mo Date signed 2/14/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
D... Number 2-44-204
Date ... 3-4-44

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 G. L. Wilkinson

Licensed Embalmer No. 4360

P. O. Address Clinton 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.