

FILED JUN 9 1944

Registration District No. **124**

Primary Registration District No. **5494**

Registrar's No.

1. PLACE OF DEATH:

(a) County **Harrison**  
(b) City or town **Rural Madison Twp.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **63 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Harrison**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3 Miles S. W. of Cainsville**  
(If rural, give location)  
(e) Citizen of foreign country? **Yes** (Yes or No)  
If yes, name country **Bohemia**

3. (a) PRINT FULL NAME

**Charley Karsky**

(b) If veteran, name war **None**

(c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **July 23 1871**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**72 9 26** hr. min.

9. Birthplace **Bohemia**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired farmer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Vencil Karsky**

13. Birthplace **Bohemia**  
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Abraham**

15. Birthplace **Bohemia**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Lenoch**

(b) Address **Cainsville, Missouri.**

17. (a) **Burial** (b) Date thereof **May 21 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bohemia Cemetery**

18. (a) Signature of funeral director **J. P. Shaw**

(b) Address **Cainsville, Missouri.**

19. (a) **May 24-44** (b) **J. P. Shaw**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **19th**  
year **1944** hour **About 7** minute **30 A.M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Suicide**  
Due to **By being gassed by the car in closed garage.**  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: **163 M**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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) **Suicide**  
(b) Date of occurrence **May 19 1944**  
(c) Where did injury occur? **near Cainsville, Harrison Mo**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**at farm home in garage**  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature **Joe E. Wheeler** Coroner **5/20/44**  
Address **Bethany, Missouri.** Date signed **5/20/44**

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

**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, by

Eddie J. Stoklasa

, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri.

**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.**