V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13275

FILED APR 23 1945

Registration District No. 7 Primary Registration District No. 5361 Registrar's No. 21

31
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1. PLACE OF DEATH:

(a) County Daviess

(b) City or town Rural Jackson Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: in home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 12 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess 31

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

(d) Street No. 4 Mi South East Jamesport (If rural, give location)

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

If yes, name country Germany

3. (a) PRINT FULL NAME WILLIAM A. KARGUTH

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male D

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Clara Karguth

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Dec (Month) 21 (Day) 1877 (Year)

8. AGE: Years 67 Months 2 Days 12 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

10. Usual occupation Farmer

11. Industry or business No

FATHER
12. Name August Karguth
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Anna Frank
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Clara Karguth

(b) Address Jamesport Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 6 45 (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph Mo.

18. (a) Signature of funeral director R. T. Roberson

(b) Address Jamesport Mo

19. (a) 3-6-1945 (Date received local registrar) (b) L. O. Lichesson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 3 - 1945

year 1945 hour 11 AM minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;

that I last saw ~~him~~ dead alive on Mar 4 , 1945;

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis.

Duration several months

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 92

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J B Bailey (M.D. or other) 2 00

Address Jamesport Mo Date signed 3-5-45

1084

(Licensed Embalmer's Statement on Reverse Side)

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 H. S. Roberson

Licensed Embalmer No. 3001

P. O. Address James Fort, 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.