

1945 STANDARD CERTIFICATE OF DEATH

23606

State File No. _____

FILED AUG 9 1945

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 240

1. PLACE OF DEATH:

(a) County Calloway
(b) City or town Fulton Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days 9 mo 17 days
(Specify whether years, months or days)
In this community some
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME DELIA KROTT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife JT Krott 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 29 14 1867
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1945 hour _____ minute 40 M.
21. I hereby certify that I attended the deceased from 7-26-45 to 7-26-45 19____
that I last saw her alive on 7-26-45 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart
Duration _____

8. AGE: Years Months Days If less than one day
99 9 17 hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name JT Eldenhage

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

14. Maiden name Caroline M. Gartin

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

16. (a) Informant Paula Stahlfert No 1

(b) Address Fulton Mo

17. (a) Remove (b) Date thereof 7/26/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kahoka, Mo

18. (a) Signature of funeral director W. C. Frawley, M.D.

(b) Address Fulton, Mo

19. (a) 7-26/1945 (b) Joyce M. Moulton
(Date received by local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy 9504

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)

(c) Means of injury _____

23. Signature R. L. ... (M.D. or other)

Address Fulton Mo Date signed 7/26/45

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

14
1
2

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-7-45

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 Herzil C. Browning

Licensed Embalmer No. 2764

P. O. Address Fulton 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.