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

57
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

41697

State File No.

FILED JAN 5 1946

Registration District No. 104

Primary Registration District No. 5668

Registrar's No.

1. PLACE OF DEATH:

(a) County LINCOLN

(b) City or town RURAL CLARK 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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County LINCOLN 57

(c) City or town RURAL. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME John August KARRENBROCK

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race Wh.

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

6. (b) Name of husband or wife MARY NAU KARRENBROCK

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

7. Birth date of deceased July (Month) 11 (Day) 1871 (Year)

8. AGE: Years 74 Months 5 Days 5 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business OWN FARM

FATHER
12. Name August KARRENBROCK
13. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name ANNA GERDEMAN
15. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant MARY NAU KARRENBROCK (WIFE)
(b) Address MOSCOW MILLS, MISSOURI.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC. 18, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation ANDERSON HILL CEM. TROY, MO.

18. (a) Signature of funeral director Kemper Funeral Home
(b) Address Troy, Missouri.

19. (a) Dec. 20, 45 (Date received local registrar) (b) Mrs. Emma B. Riddle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 16
year 1945 hour 6 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.

	Duration
Immediate cause of death Coronary Occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 94a

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. A. Hammond (M. D. or other) 3
Address Date signed

1400

(Licensed Embalmer's Statement on Reverse Side)

MAR 22 1984

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 Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, 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.