

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED JAN 14 1946

STANDARD CERTIFICATE OF DEATH

State File No. 42041

Registration District No. 262

Primary Registration District No. 5087

Registrar's No.

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town Rural Boyau Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Elyah mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life time (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Joseph Krishnam
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Beattie 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sept 14, 1873 (Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 8 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Joe Krishnam

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

14. Maiden name unknown

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

16. (a) Informant Mrs Edna Harden (b) Address Elyah mo

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Dec 24-45 (Month) (Day) (Year)

(c) Place: burial or cremation Bapt Hill Cemetery

18. (a) Signature of funeral director Roller Funeral Home (b) Address Springville mo

19. (a) 1-10-46 (Date received local registrar) (b) Carl Davis (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Elyah mo (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22nd year 1945 hour 12 minute 15A.M.

21. I hereby certify that I attended the deceased from Dec 21 1945 to Dec 22 1945

that I last saw him alive on Dec 21st and that death occurred on the date and hour stated above.

Immediate cause of death Robt pneumonia Duration 1 Day

Due to Hypertension, arterial & Stenosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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)

(e) Means of injury

23. Signature M J Haerman (M. D. or other)

Address Springville, mo Date signed 12/24/45

This Body was Not Embalmed

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 Laurence L Hall

Licensed Embalmer No. 2784

P. O. Address Guinnessville m

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.