

FILED NOV 12 1946

Registration District No. _____

Primary Registration District No. **3000**

Registrar's No. **398**

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

X37823

1. PLACE OF DEATH:

(a) County **Adair**
(b) City or town **Keokuk**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Loughlin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 days**
(Specify whether years, months or days) **66 yrs**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Adair**
(c) City or town **Rural**
(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

JOHN L. KRAWL

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

6. (b) Name of husband or wife **Atella** 6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **Feb 15 1880**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 8 7 hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Henry Krawl**

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

14. Maiden name **Sophia Earley**

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

16. (a) Informant **Leta McHenry**
(b) Address **Kallata Mo**

17. (a) **Burial** (b) Date thereof **10-27-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kallata Mo**

18. (a) Signature of funeral director **D. Christie**
(b) Address **Kallata Mo**

19. (a) **10-28-46** (b) **Wate Lambert**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **23**
year **1946** hour **4** minute **55A** M.

21. I hereby certify that I attended the deceased from **Oct 12 1946** to **Oct 23 1946**
that I last saw him alive on **Oct 23 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uremia**

Due to **acute suppurative pyelitis**
Due to **Benign Prostatic Hypertrophy**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Prostatectomy (non malignant)**
Of autopsy **13/10**

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 **L**
23. Signature **Carl Langeler** (M. D. or other) **Do**
Address **Keokuk Mo** Date signed **10-23-46**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

10-46-1963
10-29-1946

NOV 12 1946

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 D. S. Christie
Licensed Embalmer No. 1109
P. O. Address La Plata 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.