

FILED FEB 3 1947

Registration District No. 31947

Primary Registration District No. 3010

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

In this community 7 days
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Union

(c) City or town Dongola
(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 HENRY WILSON KARRAKER

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Ina Davis

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

7. Birth date of deceased March 13th, 1858
(Month) (Day) (Year)

8. AGE: Years 88 Months 10 Days 4
If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Baptist Minister

11. Industry or business _____

12. Name Jacob Karraker,

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

14. Maiden name Mary Peeler,

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

16. (a) Informant Samuel H. Karraker's

(b) Address Dongola, Illinois.

17. (a) Burial (b) Date thereof Jan. 21, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dongola IOOF Cemetery

18. (a) Signature of funeral director Samuel H. Karraker

(b) Address Dongola, Illinois.

19. (a) 1-23-1947 (b) G. C. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17th
year 1947 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from 1-10-47
to 1-17-47
that I last saw him alive on 1-27-47
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Carcinoma of Lung

Due to Carcinoma of Prostate

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

Major findings: Of operations none 47D

Of autopsy none

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) (e) Means of injury _____

23. Signature G. C. Summers (M. D. or other) _____

Address 501 1/2 Broadway Date signed 1-21-47
Cape Girardeau

Duration

1-wk

5 mm

2

PHYSICIAN

Underline the cause to which death should be charged statistically.

#186
28-47

44

RECEIVED

District Health Officer No. 4
District File Number 147-132
Date Filed 1-24-47

FEB 8

1947

[Handwritten notes and scribbles, including "5" and "S"]

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, ~~#####~~
at my funeral home in Dongola, Illinois. ~~#####~~

~~#####~~

Signed: *Elmer J. [Signature]*
Licensed Embalmer No. 4540
P. O. Address Dongola, Illinois.

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.