

FILED APR 10 1947

Registration District No. 178

Primary Registration District No. 3034

Registrar's No. 17

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

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Higginsville  
(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

3. (a) PRINT FULL NAME Mrs. Dora Kratz

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 widowed

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased October 18 1859  
(Month) (Day) (Year)

8. AGE: Years 87 Months 4 Days 20 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Henry Albers

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

14. Maiden name Margaret Merleman

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

16. (a) Informant Mrs. Joe Brackmann

(b) Address Higginsville, Mo.

17. (a) Burial (b) Date thereof March 11, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hig. Evangelical Cem.

18. (a) Signature of funeral director [Signature]

(b) Address Higginsville, Mo.

19. (a) March 15-47 (b) Clayton W. Landrum  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54

(c) City or town Higginsville 2  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8, 1947  
year \_\_\_\_\_ hour 12:45 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from March 1, 1947 to March 8, 1947  
that I last saw her alive on March 1, 1947, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Impossible to determine</u>	
<u>Dead on arrival</u>	
<u>Apparently due to acute cardiac failure</u>	
Due to _____	
Due to _____	

Other conditions Senility and Malnutrition  
(Include pregnancy within 3 months of death) 1 mo.

Major findings: 200A

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Robert B. Best, M.D. (M. D. or other) Ⓞ

Address Higginsville, Missouri Date signed 3-10-47

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-8-47

APR 10 1947

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

*Arrest Dickhaut*

Licensed Embalmer No.

*7284*

P. O. Address

*Highsville, 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.