No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 29, 1947

Registration District No. 58

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28105

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2215 Empire nurseing home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 10 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1618 Connor (If rural, give location) 5
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sophia Meria Katterjohn

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex fem 1

5. Color white race

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

6. (b) Name of husband or wife Daniel

(c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 29 (Day) 1862 (Year)

8. AGE: Years 85 Months Days 29 If less than one day hr. min.

9. Birthplace Oakdale (City, town, or county) Ill. (State or foreign country) 1

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Henrich Bernstrof
13. Birthplace Meitze (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Sophia Kracke
15. Birthplace Breckhof (City, town, or county) Germany (State or foreign country) 4

16. (a) Informant Mrs. Bert Craig Jr.
(b) Address 2104 Tyler Joplin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin St. Joplin Mo.

19. (a) 8-1-47 (Date received local registrar) (b) Dolores Lampkins DR. (Registrar's signature) 129

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1947 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 26 1947 to July 28 1947
that I last saw her alive on July 27 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 10	

PHYSICIAN
Underline the cause of 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 6

23. Signature H Hurlbur (M. D. or other)
Address Joplin Mo Date signed 7-29-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-8-677

JUL 21

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.