

FILED NOV 5 1947

Registration District No. **83**

Primary Registration District No. **3011**

Registrar's No. **241**

1. PLACE OF DEATH:

(a) County **Carrollton**
(b) City or town **Carrollton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **On Santa Fe train 3**
(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 **OLIVER A. KRAEER**

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 **Martha Kraefer** 6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **Aug 11 1876**
(Month) (Day) (Year)

8. AGE: Years **71** Months **2** Days **9** If less than one day
hr. min.

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

10. Usual occupation **Oil Driller**

11. Industry or business **self**

12. Name **Louis Kraefer**

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

14. Maiden name **Alda Corgan**

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

16. (a) Informant **Mrs. Martha Kraefer**

(b) Address **604 Jennings, Bartlesville, Okla**

17. (a) Removal **Removal** (b) Date thereof **10-21-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bartlesville, Okla**

18. (a) Signature of funeral director **Stamley & Gibson**

(b) Address **Carrollton, Mo**

19. (a) **10/21/47** (b) **Mr. Herbert Caguel**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Okla** (b) County **Washington**
(c) City or town **Bartlesville**
(If outside city or town limits, write "RURAL")
(d) Street No. **604 Jennings Ave**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **20**
year **1947** hour **4** minute **00** M.

21. I hereby certify that I attended the deceased from **Coroner Call to meet train No 11 Santa Fe**
that I last saw him alive on **19**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to.....

Due to.....

Other conditions.....
(include pregnancy within 3 months of death)

Major findings: **None**
Of operations.....

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?.....
(Specify type of place)

While at work?..... (e) Means of injury **3**

23. Signature **Sharon Ritt** **Coroner**
Carrollton, Missouri (M, F, or other)

Address **Carrollton, Missouri** Date signed **10/21/47**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed _____

10-4-47

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 _____

Ben W. Gibson

Licensed Embalmer No. _____

2961

P. O. Address _____

Carrollton 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.