. No. 2
—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 16 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

235

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 170

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital (Osteopathic)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 weeks (Specify whether
In this community 40 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.R.#3 St. Joseph, Mo. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Josephine Pauline Karrasch

3. (b) If veteran, name war None

3. (c) Social Security No. 265-20-0378

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Ernest A. Karrasch

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased August (Month) 18 (Day) 1894 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	53	5	19	hr. min.

9. Birthplace Andrew County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

FATHER
12. Name Paul J. Kabus
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Ella Kaiser
15. Birthplace Stanberry (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Ernest A. Karrasch
(b) Address R.R.#3 St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 9, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1946 Colhoun St. St. Joseph, Mo.

19. (a) 2-10-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 582

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7th
year 1948 hour 5 minute 15 A. M.

21. I hereby certify that I attended the deceased from Nov 1947, 19..., to Feb. 7th, 1948,
that I last saw her alive on Feb. 7th, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

48B

Duration

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 2

23. Signature C. L. Ferguson Jr. (M.D. or other) DO

Address 801 1/2 Pickwick St. Date signed 2-9-48

St. Joseph, Mo.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....Albert E. Harrington.....

Licensed Embalmer No. 3258 Missouri

P. O. Address.....St. Joseph, 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.