

1. PLACE OF DEATH

(a) County Clark
(b) City or town Rural Jackson Twp
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Jackson Twp
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th
year 1948 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from January 15th
1948, to 3-13-48, 1948
that I last saw him alive on 3-13-, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE.
Duration _____

Due to _____
Due to _____

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

Major findings: 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 2

23. Signature J. H. Channing (M.D. or Other) MD
Address Rahola Mo Date signed 3-15-48

3. (a) PRINT FULL NAME Elizabeth C. Mc Afee

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F.M. 5. Color or race W 6. (a) Single, widowed, married divorced Widowed
6. (b) Name of husband or wife James P. Mc Afee 6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Feb 1 - 1871 (Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Clark Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name George Kischner
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Margaret Pysner
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Myrtle E. Horach
(b) Address Rahola Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Grave Cemetery

18. (a) Signature of funeral director Fred J. Karls
(b) Address 329-48 Rahola Mo.

19. (a) 3-29-48 (Date received local registrar) (b) J. H. Channing (Registrar's signature) 1

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

RECEIVED
District Health Officer No. 10
District File Number 448640
Date Filed APR -7 1948

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 Fred J Karle
Licensed Embalmer No. 1023
P. O. Address Kokoko 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.