

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 21 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15194
State File No. _____

Registration District No. 152

Primary Registration District No. 6189

Registrar's No. 14

1. PLACE OF DEATH:
(a) County TANEY
(b) City or town SWAN, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all his life (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County TANEY, MO
(c) City or town SWAN
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENRY KATHROPE
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 Day 31 Year 1948 hour 4:30 minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased FEB 2 (Month) (Day) (Year) 1892

Immediate cause of death Patient had epifore before I arrived.
Due to Resumptive anguine cerebral hemorrhage
Due to general arteriosclerosis
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations None
Of autopsy _____

8. AGE: Years 76 Months 1 Days 31 If less than one day _____ hr. _____ min.

9. Birthplace Harrison MO (City, town, or county) (State or foreign country)
10. Usual occupation farming
11. Industry or business _____
12. Name Henry Kathrope
13. Birthplace Harrison MO (City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace Don't know (City, town, or county) (State or foreign country)

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) (Means of injury)
23. Signature [Signature] (M. D. or other) _____
Address Taney MO Date signed 4/4/48

16. (a) Informant Henry Kathrope
(b) Address Swan MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation Swan MO
18. (a) Signature of funeral director P. O. Wheelchick
(b) Address Swan MO
19. (a) 4-15-48 (Date received local registrar) (b) [Signature] (Registrar's signature)

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

6
0
0

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 448-456

Date Filed APR 20 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 Minnie L. Welch

Licensed Embalmer No. 2277

P. O. Address Damon 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.