

STANDARD CERTIFICATE OF DEATH

FILED JUL 19 1948
68

Primary Registration District No. 4119

Registrar's No. 21

1. PLACE OF DEATH:
 (a) County Christian
 (b) City or town Ozark Mo
 (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 10 years
 (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Maudie Krause
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 30
 year 1948 hour 9:01 minute 20
 21. I hereby certify that I attended the deceased from April
 1948, to May 30, 1948
 that I last saw him alive on May 30, 1948
 and that death occurred on the date and hour stated above.

5. Color or race White
 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Nov 5 1873
 (Month) (Day) (Year)

Immediate cause of death: Pneumonia (Lobar)
Bi-lateral
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

8. AGE: Years 74 Months 6 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace: Duben Canada
 (City, town, or county) (State or foreign country)
 10. Usual occupation House Keeper

MOTHER FATHER
 11. Industry or business _____
 12. Name Don't Know
 13. Birthplace Don't Know
 (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)

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 _____ (Specify type of place) Means of injury _____

16. (a) Informant Jessie L. Chaffin
 (b) Address Ozark Mo
 17. (a) Burial (b) Date thereof June 4
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Wearley Cemetery
 18. (a) Signature of funeral director T. B. Chaffin
 (b) Address Ozark Mo
 19. (a) July 1, 1948 (b) Lenta Leonard
 (Date received local registrar) (Registrar's signature)

23. Signature R. H. Wilkerson (M. D. or other)
 Address Ozark Mo Date signed 7-1-48

COPYING MATERIALS - MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 6;
District File Number 748-820
Date Filed JUL 16 1945

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

T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.