S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26735

Registration District No. 150 · Primary Registration District No. 5572 · Registrar's No. 168

1. PLACE OF DEATH:
(a) County: JACKSON
(b) City or town: RURAL PRAIRIE TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: JACKSON COUNTY HOME FOR AGED 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 34r-6Mo-24DAY (Specify whether years, months or days)
In this community: 22 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48
(c) City or town: KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 8
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: CARL KAROW
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: M 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: AUG (Month) 26 (Day) 1882 (Year)
8. AGE: Years 66 Months 0 Days 4 If less than one day ___ hr. ___ min.
9. Birthplace: Lexington (City, town, or county) MISSOURI 0 (State or foreign country)
10. Usual occupation: None
11. Industry or business: None
FATHER 12. Name: Julious Karow
FATHER 13. Birthplace: (City, town, or county) Germany 4 (State or foreign country)
MOTHER 14. Maiden name: (unknown) Miller
MOTHER 15. Birthplace: (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant: JACKSON COUNTY HOME RECORDS
(b) Address: RR#4 INDEPENDENCE MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 1, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Richmond, Missouri
18. (a) Signature of funeral director: J. Clair Sheppard
(b) Address: Wellington, Missouri
19. (a) AUG. 31, 1948 (Date received local registrar) (b) Donald C. Emmons (Registrar's signature) 378

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30 year 1948 hour 5 minute 9 A. M.
21. I hereby certify that I attended the deceased from Aug 29, 1948 to Aug 30, 1948 that I last saw him alive on Aug 29, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis — 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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: J. W. Greene (M. D. or other)
Address: Independence Mo. Date signed: 8-31-48

(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 J. Clair Shepard

Licensed Embalmer No. 4179

P. O. Address Wellington, Missouri

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.