No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

37356

State File No. .....

FILED DEC 1 1948

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 366

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: Levering Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days. (Specify whether

In this community 30 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion. 64

(c) City or town Rural (If outside city or town limits, write "RURAL") 5

(d) Street No. Palmyra RFD. 2. (If rural, give location) 1

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

If yes, name country no

3. (a) PRINT FULL NAME Minnie Ann Karr

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife George Edward Karr

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased April (Month) 15th (Day) 1876 (Year)

8. AGE: Years 72 Months 8 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Clay County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation At Home.

11. Industry or business

FATHER
12. Name Thomas Duncan.
13. Birthplace (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Ann Nichols
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Wallace R. Karr
(b) Address Monroe City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/24-48 (Month) (Day) (Year)

(c) Place: burial or cremation St Judes Monroe City, Mo

18. (a) Signature of funeral director Wilson + Sons
(b) Address Monroe City Missouri

19. (a) Nov 24-1948 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature) 1949

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21 year 1948 hour 3 minute 40 P. M.

21. I hereby certify that I attended the deceased from Nov 14, 1948 to Nov 21, 1948 that I last saw her alive on Nov 21, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Embolism - pulmonary

Due to

Due to PO Obstruction (adhesions)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy

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

23. Signature [signature] (M. D. ~~or other~~)

Address 100 Bldg Hannibal Mo Date signed 11/24/48

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 Charles V Greening, Registered Apprentice No. 214, working under my personal supervision.

Signed Lucien L Nelson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.