DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1949

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16843

State File No.

Registration District No. 225 Primary Registration District No. 5943 Registrar's No. 66

1. PLACE OF DEATH:

(a) County: Phelps

(b) City or town: Edgar Springs Spring Creek Twp Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Edgar Springs, Mo (home)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution / (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Phelps

(c) City or town: Edgar Springs, - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Spring Creek Township
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Janet Marie Karnes

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: S

6. (b) Name of husband or wife

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

7. Birth date of deceased: April (Month) 8th (Day) 1949 (Year)

8. AGE: Years | Months | Days: 1 | If less than one day hr. min.

9. Birthplace: Rolla, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name: Paul Karnes

13. Birthplace: Missouri
(City, town, or county) (State or foreign country)

14. Maiden name: Lois, Hall

15. Birthplace: Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant: Paul Karnes

(b) Address: Edgar Springs Mo

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: 4/10/49 (Month) (Day) (Year)

(c) Place: burial or cremation: Hutchinson Cem Texas Co.

18. (a) Signature of funeral director: Smith & Ferguson

(b) Address: Licking Mo

19. (a) 5-25-49 (Date received local registrar) (b) Nadine L. Stoll (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th year 1949 hour 4.30 PM minute M.

21. I hereby certify that I attended the deceased from 4-8, 1949 to 4-9, 1949 that I last saw her alive on 4-8, 1949 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	24 hrs
Due to: Birth Injury	
Due to: —	
Other conditions (Include pregnancy within 3 months of death): —	
Major findings: Of operations: —	
Of autopsy: Yes	

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: M. K. Underwood M.D. (M. D. or other)

Address: M. K. UNDERWOOD, M. D. Date signed: 4-14-49

ROLLA, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Phelps County Health Of
County File Number.....
Date Filed 6-2-49

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 E E Ferguson

Licensed Embalmer No. 3945

P. O. Address Licking Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.