No. 300
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FILED JUN 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16936

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6021 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY: Ray Co Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Grape Grove
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 mi E Ozark Short Line

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Ray
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Grape Grove Twp
d. STREET ADDRESS (If rural, give location): 3 Mi E. Ozark Short Line

3. NAME OF DECEASED (Type or Print)
a. (First) Edna
b. (Middle) Marie
c. (Last) Kallenberger

4. DATE OF DEATH (Month) May (Day) 20 (Year) 1949

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July - 14 - 1897
9. AGE (In years last birthday): 51 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Carroll Co Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Chrisman
13b. MOTHER'S MAIDEN NAME: Anna Denman
14. NAME OF HUSBAND OR WIFE: Frank Kallenberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Miss Betty Kallenberger

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer of Left Breast. — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 170A

19a. DATE OF OPERATION: Feb. 1949
19b. MAJOR FINDINGS OF OPERATION: Cancer
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 15, 1949, *to* May 20, 1949, *that I last saw the deceased alive on* May 20, 1949, *and that death occurred at* 8:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl H Reed MD
23b. ADDRESS: Carrollton Mo
23c. DATE SIGNED: 5-23-49

24a. BURIAL, ~~CREMATION~~, REMOVAL (Specify):
24b. DATE: 5/22/1949
24c. NAME OF CEMETERY OR CREMATORY: Harding Cem
24d. LOCATION (City, town, or county) (State): Hardin Mo

DATE REC'D BY LOCAL REG.: May 26-1949
REGISTRAR'S SIGNATURE: Mabel Jackson
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Knipschild & Borchers Funeral

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 31 REC'D

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-31-49

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 August Borcherding, Student Embalmer No. 237, working under my personal supervision.

Signed August Borcherding
Student Embalmer

Signed John W. Knipschild
Licensed Embalmer No. 2789
P. O. Address Hardin 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.