S. No. 300
v. 10-48

0360

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

FILED JUN 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19868

BIRTH NO. _____ REG. DIST. NO. 110 PRIMARY REG. DIST. NO. 5425 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL BOEUF
c. LENGTH OF STAY (in this place): ALL
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL BOEUF 0360
d. STREET ADDRESS (If rural, give location): NEAR NEW HAVEN MO

3. NAME OF DECEASED (Type or Print)
a. (First): ELLA
b. (Middle): C.
c. (Last): KRATTLI

4. DATE OF DEATH (Month) 6 (Day) 12 (Year) 50

5. SEX: FEMALE
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JAN 2-1886
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months 5, Days 10 — IF UNDER 11 HRS.: Hours, Min.

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

13a. FATHER'S NAME: DANIEL ZAHRNDT
13b. MOTHER'S MAIDEN NAME: LOUISA VOGALSANG
14. NAME OF HUSBAND OR WIFE: GEO. KRATTLI

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.:
17. INFORMANT'S SIGNATURE OR NAME: Geo Krattli New Haven Mo — ADDRESS:

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) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None — 4201

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
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* 12-28- 1947, *to* 6-12- 1950, *that I last saw the deceased alive on* 6-12- 1950, *and that death occurred at* 8:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. P. Eisenmann M.D.
23b. ADDRESS: New Haven, Mo.
23c. DATE SIGNED: 6/13/50.

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 6-15-50
24c. NAME OF CEMETERY OR CREMATORY: NEW HAVEN CEM.
24d. LOCATION (City, town, or county) (State): NEW HAVEN MO

DATE REC'D BY LOCAL REG.: June 13th 1950
REGISTRAR'S SIGNATURE: Jeffie Grannemann 93 0
25. FUNERAL DIRECTOR'S SIGNATURE: L. C. Fertig & Son — ADDRESS: New Haven Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 1 9 1950
Distrlot Health Officer No. 9,
District File Number

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 ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Earl Fertig

Licensed Embalmer No. B385

P. O. Address Yerrlbaven 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.