

STANDARD CERTIFICATE OF DEATH

35537

State File No. ....

FILED NOV 13 1953

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

BIRTH NO. _____		REG. DIST. NO. <b>116</b>		PRIMARY REG. DIST. NO. <b>3020</b>		Registrar's No. <b>191</b>	
1. PLACE OF DEATH a. COUNTY <b>Franklin.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY <b>Franklin.</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington.</b>		c. LENGTH OF STAY (In this place) <b>81 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington "Rural" St. John's</b> <b>0360</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>409 High St.</b>				d. STREET ADDRESS (If rural, give location) <b>R. #1 West.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>Casper</b>		c. (Last) <b>Kraft</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 5th, 1953.</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 18th, 1871</b>	
9. AGE (In years last birthday) <b>81</b>		10. UNDER 1 YEAR Months <b>10</b> Days <b>17</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Washington, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming.</b>		13a. FATHER'S NAME <b>Frank Kraft.</b>		13b. MOTHER'S MAIDEN NAME <b>Christina Hilke.</b>	
13c. SOCIAL SECURITY NO. <b>None.</b>		13d. NAME OF HUSBAND OR WIFE <b>Bertha Kraft.</b>		14. NAME OF INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Peter Hillermann Washington, Mo.</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None.</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Peter Hillermann Washington, Mo.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chr. Myocardial degeneration</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 yrs.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Arterio sclerosis</b>				DUE TO (c) <b>Senility</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Chr. Nephritis</b>				<b>6 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4221</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>1945</b> , 19____, to <b>Nov 4</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>Nov 4</b> , 19 <b>53</b> , and that death occurred at <b>4:11</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>H. Hillermann</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>Washington Mo.</b>		23c. DATE SIGNED <b>11-6-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 9, 1953.</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Francis Borgia Cemetery,</b>		24d. LOCATION (City, town, or county) (State) <b>Washington, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>11/9/53</b>		REGISTRAR'S SIGNATURE <b>PC Hillermann</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hielburg + Witt Inc.</b>		ADDRESS <b>Washington, Mo.</b>	

**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

*Jedome F. Swoloda*

Licensed Embalmer No. 4507

P. O. Address Washington M.

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.