

FILED FEB 2 - 1955

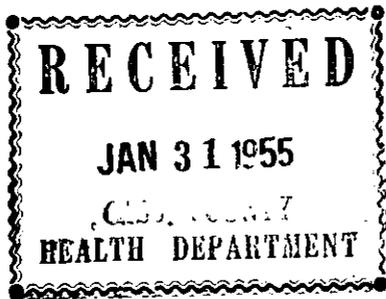
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 511

BIRTH NO. _____		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 4095		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY <b>Cass</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Drexel</b>		c. LENGTH OF STAY (in this place) <b>50 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Drexel</b>		0190	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At Home, not in Hospital.</b>				d. STREET ADDRESS (If rural, give location) <b>3rd &amp; Main Streets</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>CATHERINE</b> b. (Middle) <b>WILLIAMS</b> c. (Last) <b>KARR.</b>			4. DATE OF DEATH <b>Jan. 18, 1955</b> (Month) (Day) (Year)				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed.</b>	8. DATE OF BIRTH <b>Oct. 20, 1871</b>		9. AGE (in years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>28</b>	IF UNDER 24 Hrs. Hours <b></b> Mins. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Household duties.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Cass County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>David Williams.</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Cash.</b>		14. NAME OF HUSBAND OR WIFE <b>W. Ernest Karr</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give way or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None.</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Jas. R. Karr, Paola, Kansas.</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 da.</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> several years						
	DUE TO (c)						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331X</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) (Min.)	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>Jan 16, 1955</b> , to <b>Jan. 18, 1955</b> , that I last saw the deceased alive on <b>Jan. 18, 1955</b> , and that death occurred at <b>8:55 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Bonehart</b> M.D.				23b. ADDRESS <b>Drexel, Missouri.</b>		23c. DATE SIGNED <b>1/19/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial.</b>	24b. DATE <b>1/20/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Glenwild Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Westline, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>1-24-55</b>	REGISTRAR'S SIGNATURE <b>Dora Barwood</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J.B. Hays</b>		ADDRESS <b>J.B. Hays, Drexel</b>		

(Licensed Embalmer's Signature on Reverse Side)

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



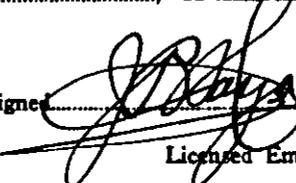
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~BY MYSELF~~

~~XXXXXXXXXXXXXXXXXXXX~~

working under ~~my personal supervision.~~

Student .....  
Student Embalmer

Signed  J.B. Hays

Licensed Embalmer No. 1049

P. O. Address Drexel, 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.