

FILED MAR 27 1948

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City Mo**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **St Joseph Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 week**
(Specify whether years, months or days)

In this community **1-weeks**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**

(c) City or town **Easton Mo**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **WILLIAM D. KARL**

3. (b) If veteran, name war **World War #1**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Christine**

6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased: **Feb 28 1888**
(Month) (Day) (Year)

8. AGE: Years **60** Months **5** Days **21** If less than one day _____ hr. _____ min.

9. Birthplace: **Easton Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business _____

MOTHER FATHER

12. Name **Frederick Karl**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Klausen Fisher**

15. Birthplace **Neuple Mo**
(City, town or county) (State or foreign country)

16. (a) Informant **Christine Karl**

(b) Address **Easton Mo**

17. (a) **Removal** (b) Date thereof **3/19/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Herlinger Mo**

18. (a) Signature of funeral director **H. C. Lidenfaden**

(b) Address **St Joseph Mo**

19. (a) **3-20-48** (b) **M. Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **19**
year **1948** hour **7** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **March 12th** 19**48** to **March-19** 19**48**
that I last saw him alive on **March-19** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Brain Tumor

Due to **Meningioma?**

Due to **Malignant?**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **57N**

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause of 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 **F. A. Carmichael, M.D.** (M.D. or other) _____
Address **320 W 47** Date signed **19 Mar 48**

MAY 6 1948

APR 6 1948

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 Elmer Phemas

Licensed Embalmer No. 7640

P. O. Address St Joseph Md

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.