

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28794

REG. DISTRICT NO. 29

Primary Registration District No. 5180

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town: Rural, Shawnee Twp. 7
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days 653

3. (a) PRINT FULL NAME Martin Emanuel Kranawetter

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Martha Walther 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased July 21 1872
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Cape Girardeau Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Joseph Kranawetter

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

14. Maiden name Ernestine Rueschling

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

16. (a) Informant's own signature Martin Kranawetter

(b) Address Rt. 1, N. Jackson, Mo.

17. (a) Burial (b) Date thereof Sept. 1 - 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pocahontas Mo.

18. (a) Signature of funeral director Haipenbuehler

(b) Address Pocahontas, Mo.

19. (a) Aug 31 - 39 (b) J. J. Johnson
(Date received local registrar) (Registrar's signature) 124

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Shawnee Township
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July day 30 year 1939 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 10 39 to July 30 39, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Progressive Peritonitis 1938
Due to High Blood Pressure 1938

Other conditions none of it
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no autopsy

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? _____

While at work? _____ (Specify type of place) (e) Manner of injury _____

23. Signature J. J. Johnson (M. D. or other) _____
Address Jackson Mo Date signed Aug 31

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

100V. 6-17-39 I 21951

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

BA Meyer
.....
Licensed Embalmer No. *3051*

P. O. Address *Jackson 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, above space should be left blank.