

S. No. 2
DM-2-43
v. 5-17-39
P-1 X33697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 7 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8181
State File No. _____

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 102

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Southeast Mo. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hours
(Specify whether
In this community 2 hours
years, months or days)

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. R.F.D. # 1-Oak Ridge, Mo.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Marjorie Louise Kranawetter
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 30
year 1947 hour 9 minute 30 p. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rudolph Kranawetter 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 29th 1921
(Month) (Day) (Year)

Immediate cause of death
Fracture of the Skull
Due to Falling out of a front
motor automobile
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations 124
Of autopsy _____

8. AGE: Years Months Days If less than one day
25 7 01 hr. _____ min. _____

PHYSICIAN
Underline the cause to which death should be charged statistically.
Fracture of the Skull

9. Birthplace Egypt Mills Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name John Baker
13. Birthplace Egypt Mills Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Myrtle Sides
15. Birthplace Neelys Landing Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Rudolph Kranawetter
(b) Address R.F.D. # 1-Oak Ridge, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 16
(b) Date of occurrence March 30, 1947
(c) Where did injury occur? Vermillion Cape Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
State Highway 25 - 37 miles north of Vermillion
While at work? no (Specify type of place) Means of injury Auto
23. Signature D. J. Ferguson Registrar
Address Jackson, Mo. Date signed 3/30/47

17. (a) Burial (b) Date thereof 4-02-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Egypt Mills Church
18. (a) Signature of funeral director L. L. Hamen
(b) Address Cape Girardeau, Missouri
19. (a) 4-2-1947 (b) C. C. Serrano
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD.

44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4
File Number 447-478
dated 4-7-47

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 William Lee Townes

Licensed Embalmer No. 4410

P. O. Address Cape Girardeau, 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.