

FILED JUN 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16936

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6021 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Ray Co Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Grape Grove</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Grape Grove Twp</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi E Ozark Short line</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 mi E Ozark Short line</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edna Marie Kallenberger</u>		b. (Middle) _____ c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 20 1949</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 14-1897</u>
9. AGE (In years last birthday) <u>51</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	11. BIRTH PLACE (State or foreign country) <u>Carroll Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Henry Christian</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Demman</u>	
14. NAME OF HUSBAND OR WIFE <u>Frank Kallenberger</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Betty Kallenberger</u>		ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of Left Breast.</u> 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 <u>Feb. 1949</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer</u>	
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 <u>May 15, 1949</u> , to <u>May 20, 1949</u> , that I last saw the deceased alive on <u>May 20, 1949</u> , and that death occurred at <u>8:00 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Carl H Reed MD</u>		23b. ADDRESS <u>Carrollton Mo</u>	
23c. DATE SIGNED <u>5-23-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>5/22/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Haroldine Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Nardin Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 26-1949</u>		REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Kneipcheldt Borcharding</u>		ADDRESS _____	

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

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MAY 31 REC'D

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-31-49

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 _____

AUGUST BORCHERDING

Student Embalmer No. 237

working under my personal supervision.

Signed... August Borcherding
Student Embalmer

Signed

John W. Knipschild

Licensed Embalmer No. 2789

P. O. Address Hardin 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.