

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

7701  
Do not use this space.

REC'D MAR 23 1939

1. PLACE OF DEATH  
 (a) County St. Francois Registration District No. 773  
 (b) Township St. Francois Primary Registration District No. 6018A  
 (c) City Harrison, Mo. (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Willard B. Kariden  
 (a) Residence, No. Harrison, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ann Kariden <sup>HIGHLEY</sup>

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 77 7 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Dealin' her Stock

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) three weeks

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Mo.

FATHER  
 13. NAME Theodore Kariden  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER  
 15. MAIDEN NAME Mary Patterson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Co. Mo.

17. INFORMANT (ADDRESS) Dr. Lee Kariden  
Harrison, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mason Cemetery DATE Feb. 21, 1939

19. FUNERAL DIRECTOR (ADDRESS) Harrison Undert. Co.  
Harrison, Mo.

20. FILED Feb 21, 1939 T. J. Robinson  
 Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to July 19, 1939.  
 I last saw him alive on July 19, 1939. Death is said to have occurred on the date stated above, at 11:35-10 m.  
 The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Date of onset 10/8

Other contributory causes of importance:  
Myocarditis Chronic  
Nephritis Chronic

Name of operation None Date of July  
 What test confirmed diagnosis Placed Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_ (Signed) Ruppberg M. D.  
Goetzler M. D.

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

STATEMENT BY LICENSED EMBALMER

I, C. Hugo Cozcan....., Licensed Embalmer No. 4084

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed C. Hugo Cozcan  
Licensed Embalmer No. 4084

**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.)**