

REC'D MAY 16 1938

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

14831

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
 (b) Township Blue Primary Registration District No. 3019 Registered No. 123
 (c) City Independence (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Louise Krueger 626 49-10-51
 (a) Residence, No. 304 East Kansas St. 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

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred Krueger
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-13-1862
 7. AGE YEARS 75 MONTHS 4 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. home
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Halle, Germany
 FATHER 13. NAME Godfred Brink
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Halle, Germany
 MOTHER 15. MAIDEN NAME Caroline Dander
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Halle, Germany
 17. INFORMANT (ADDRESS) Mr. Fred Krueger, 1116 S. Dodgeon, Independence
 18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE April 19, 1938
 19. FUNERAL DIRECTOR (ADDRESS) Obt + Mitchell, Independence, Mo.
 20. FILED 4-22-38 J. L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 17, 1938
 22. I HEREBY CERTIFY That I attended deceased from Mar 28, 1938, to Apr 16, 1938. I last saw him alive on Apr 16, 1938. Death is said to have occurred on the date stated above, 2:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Terminal Lobar Pneumonia Date of onset 4/14/38
General debility
incident to senility
 Other contributory causes of importance: 108
 Name of operation none Date of _____
 What test confirmed diagnosis clinical symptoms Was there an autopsy? No
 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? No
 If so, specify _____
 (Signed) J. M. Agee D.O.B. M. D.
 (Address) Independence 366

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 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,, Licensed Embalmer No.

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)