

SEP 21 1938

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

28838  
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 297  
 (b) Township Washington, Mo. Primary Registration District No. 3016 Registered No. 69  
 (c) City Washington, Mo. (d) Street No. 8 West Second St. Washington, Mo. St.  
 (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 51 yrs. 9 mos. 0 ds. (f) How long in U.S., if of foreign birth? 624 yrs. mos. ds.

2. PRINT FULL NAME Mary Anna Krekel

(a) Residence, No. 8 West Second St., Washington, 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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (OR) WIFE OF Edmund Krekel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 17, 1860

7. AGE YEARS 78 MONTHS 6 DAYS 23 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. Housework  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Franklin County, Missouri

FATHER 13. NAME Henry Schulze  
 14. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Christina Schneider  
 16. BIRTHPLACE (CITY OR TOWN) Washington (STATE OR COUNTRY) Missouri

17. INFORMANT Miss Alma Krekel (ADDRESS) 8 W. Second St., Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE August 13, 1938

19. FUNERAL DIRECTOR Otto & Co. (ADDRESS) Washington, Mo.

20. FILED Aug 12- 1938 H. A. May Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 21 - 1938, to Aug. 10 - 1938  
 I last saw him alive on Aug. 10 - 1938 at 9:20 P. Death is said to have occurred on the date stated above, at 9:20 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Arthritis  
57-  
 Other contributory causes of importance: Heat exhaustion

Date of onset about  
known  
aug 7 1938

Name of operation None Date of 5  
 What test confirmed diagnosis clinical 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 5, 1938  
 Where did injury occur? Washington, Mo. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 5  
 Nature of injury 5

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify H. A. May M. D.  
 (Signed) H. A. May (Address) Washington, Mo.

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.

3017-7-20-37 I X12004

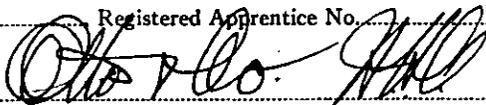
STATEMENT BY LICENSED EMBALMER

I,  , Licensed Embalmer No. 2464

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

..... L. E. ....

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

Signed  Registered Apprentice No. ....  
Licensed Embalmer No. 2464

**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.)**