

REC'D MAY 18 1939

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

15267
Do not use this space.

1. PLACE OF DEATH

(a) County Knox Registration District No. 441
(b) Township _____ Primary Registration District No. 4259 Registered No. 20
(c) City China or _____ (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME. Laura Kriegshauser

(a) Residence, No. _____ 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 Ernos Kriegshauser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29, 1887
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
52 2 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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) Baring Mo.

FATHER 13. NAME James Hufferman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baring Mo.

MOTHER 15. MAIDEN NAME Elizabeth Warley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hurdland Mo.

17. INFORMANT (ADDRESS) C. Esther Kriegshauser Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Josephs Cem. DATE Apr 23 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Paul C. Kriegshauser Edina Mo.

20. FILED April 23 1939 Mrs. C.M. Smith Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20 - 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Last seen April 20 - 1939 found dead in bed April 23 - 1939 at 8 AM probably died Thursday night April 20 - 1939.
Date of onset _____

Other contributory causes of importance: Croners Jury Verdict - Natural Causes.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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.

Body was badly decomposed.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? if
If so, specify _____

(Signed) Keith Hudson - Coroner M. D.
Edina - Mo. (Address) _____

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.

WHILE IN LINE, WITH CONTINUING MARK—THIS IS A PERMANENT RECORD

I X16505

RECEIVED

District Health Officer No. 10

District File Number 10-34-806

Date Filled MAY 9 1939

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 Paul C. Kriegshauser

Licensed Embalmer No. 4085

P. O. Address Clina 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, above space should be left blank.