

AUG 24 1939

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

26525

Do not use this space.

1. PLACE OF DEATH

(a) County PHELPS Registration District No. 677
(b) Township..... Primary Registration District No. 4403 Registered No. 89
(c) City ROLLA (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

612 Mrs. JOHANNA M. KREBS
(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 FEM. 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DIVORCED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF FRANK W. KREBS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-30-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 8 18

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.
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) SAXON, GERMANY13. NAME EMIL LOESSNER14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SAXON, GERMANY15. MAIDEN NAME MARTHA WATCHWITZ16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SAXON, GERMANY17. INFORMANT (ADDRESS) OTTO LOESSNER
ROLLA, MO.18. BURIAL, CREMATION, OR REMOVAL PLACE ST. TRINITY CEM. DATE 8-21 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) MRS. HARRY McCAW
ROLLA, MO.20. FILED Aug 21 1939 Geo. F. Cramer
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-18 193922. I HEREBY CERTIFY. That I attended deceased from 8-18-1939 to 8-18-1939I last saw her alive on 8-18-1939. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Cerebral HemorrhageDate of onset
8-16-39Other contributory causes of importance: Not ascertained

Name of operation..... Date of.....

What test confirmed diagnosis? None 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. L. Mitchell M. D.(Address) Rolla Mo

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 8/24/39

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

R. J. McEwen

Registered Apprentice No.

working under my personal supervision.

Signed

R. J. McEwen

Licensed Embalmer No.

3953

P. O. Address

Rolla

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

26525
Do not use this space.

1. PLACE OF DEATH

(a) County Platte Registration District No. 677
 (b) Township _____ Primary Registration District No. 4403 Registered No. _____
 (c) City Rolla (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 Mrs Johanna M. Krebs

(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					MEDICAL CERTIFICATE OF DEATH		
3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Wid</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>8-18-39</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... 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: Date of onset		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 30, 1886</u>					<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-size: 2em; opacity: 0.5;">SUPPLEMENTARY</div>		
7. AGE	YEARS <u>52</u>	MONTHS <u>8</u>	DAYS <u>18</u>	If LESS than 1 day, ... hrs. or ... min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			Other contributory causes of importance:			
	9. Industry or business in which work was done, as saw mill, bank, etc.						
FATHER	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)						
MOTHER	13. NAME						
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)						
15. MAIDEN NAME							
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)							
17. INFORMANT (ADDRESS)							
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE							
19. FUNERAL DIRECTOR (ADDRESS)							
20. FILED <u>1939</u> <u>80.7</u> <u>Agnes</u> Local Registrar.							
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.					Manner of injury Nature of injury		
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>S. L. Mitchell</u> , M. D. (Address) <u>Rolla, Mo.</u>							

S-26525

1939