

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36282
Registrar's No. 327

Registration District No. 398 Primary Registration District No. 3019

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(c) Name of hospital or institution Independence Sanitarium
(d) Length of stay: In hospital or institution 5 hours
In this community 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Independence
(d) Street No. 314 W. Indep. Ave
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Carrie Krause (621)
8. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 10 day 24
year 1939 hour 4 minute P. M.
21. I hereby certify that I attended the deceased from 10/23, 1939, to 10/24, 1939
that I last saw h. w. alive on 10/24, 1939,
and that death occurred on the date and hour stated above.

4. Sex Fe. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Frank L. Krause 6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased 12 28 1872
(Month) (Day) (Year)

Immediate cause of death C coronary thrombosis
Due to fatal Pneumonia
Other conditions 108
Major findings:
Of operations:
Of autopsy:

8. AGE: Years 66 Months 9 Days 26 If less than one day
9. Birthplace Cincin. Ohio
10. Usual occupation Housewife
11. Industry or business at home
12. Name Unknown
13. Birthplace Germany
14. Maiden name Dot Sun
15. Birthplace
16. (a) Informant's own signature Carl E. Krause
(b) Address 4 Highway + Heger Road Indep. Mo.
17. (a) Burial (b) Date thereof Oct 26-39
(c) Place: burial or cremation Beltz Mo
18. (a) Signature of funeral director W. E. Mitchell
(b) Address 310 N. Main St Independence Mo
19. (a) 10-26-39 (b) F. L. Cook '36'
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work (Specify type of place) (e) Means of injury
23. Signature W. E. Mitchell (M. D. or other)
Address 10309 Indep ave Date signed 10/25/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X1951

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 Me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Henry J. Mitchell
Licensed Embalmer No. 3925-
P. O. Address Independence, 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.