

FILED FEB 12 1940

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

3142
Do not use this space.

1. PLACE OF DEATH
 (a) County Montgomery Registration District No. 594
 (b) Township Loutre Primary Registration District No. 4352
 (c) City Bluffton, Mo. RFD (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 John Kruse
 (a) Residence, No. Bluffton, Mo. RFD 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22nd 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 00 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Near Americus,
 (STATE OR COUNTY) Montgomery Co., Mo.

FATHER 13. NAME Henry Kruse,
 14. BIRTHPLACE (CITY OR TOWN) Milligan,
 (STATE OR COUNTRY) Germany.

MOTHER 15. MAIDEN NAME Hendrina Verholt,
 16. BIRTHPLACE (CITY OR TOWN) Kleve,
 (STATE OR COUNTRY) Germany.

17. INFORMANT William Kruse
 (ADDRESS) Bluffton Mo RFD

18. BURIAL, CREMATION, OR REMOVAL PLACE Starkenber, DATE Jan 22nd 1940

19. FUNERAL DIRECTOR (NAME) Barth Ralte
 (ADDRESS) Americus, Mo.

20. FILED 1-21-1940 Martha Thompson
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20th 1940

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1937, to Jan 20, 1940
 I last saw her alive on Dec 22, 1939 Death is said to have occurred on the date stated above, at 6:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Parenchymatous Nephritis 7 yrs
131
Arterio-Sclerosis 7 yrs
diffuse type

Other contributory causes of importance:
Arterio-Sclerosis
diffuse type

Name of operation None Date of _____
 What test confirmed diagnosis clinical 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) A. A. Myerson, M. D.
 (Address) W. L. ... Mo

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 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.....

Licensed Embalmer No.....

P. O. Address.....

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.