

FILED SEP 1 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED SEP 24 1940 STANDARD CERTIFICATE OF DEATH

State File No. 29967

Registration District No. 875

Primary Registration District No. 6160

Registrar's No. 205

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Rural, Center  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 54 yrs.  
In this community 54 yrs.  
years, months or days (Specify whether)

8. (a) PRINT FULL NAME Louise Kraft Autenreith

8. (b) If veteran, name war No 8. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband William Autenreith 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 30th, 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 0 10 hr. min.

9. Birthplace Hasleben Saxony Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER { 12. Name J.A.C. Kraft  
13. Birthplace Germany  
14. Maiden name Kredia R. Veidt  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Schwarz  
(b) Address Chicago, Ill.

17. (a) Burial (b) Date thereof 8/11/40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Deepwood

18. (a) Signature of funeral director Mark Eickinger  
(b) Address Nevada, Mo.

19. (a) 8-14-40 (b) Allen V. Hayes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon  
(c) City or town Nevada Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(e) If foreign born, how long in U. S. A.? 54 yrs years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 9  
year 40 hour 5 minute 40 A. M.

21. I hereby certify that I attended the deceased from May 1940 to Aug 8 1940  
that I last saw her alive on Aug 7  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 3 da

Due to Arteriosclerosis

Due to Coronary heart disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g2w  
Of autopsy

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

795 While at work? (Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other)  
Address Nevada, Mo Date signed 8-10-40

Duration  
3 da  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Manuel Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.**