DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43112

Registration District No. 512 Primary Registration District No. 5679 Registrar's No. 16

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

1. PLACE OF DEATH:
(a) County LIVINGSTON
(b) ~~City or town~~ MOORESVILLE TWP.
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether years, months or days) 15 Mo. 2
In this community 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill (b) County Hancock
(c) City ~~or town~~ LaHarpe
(If outside city or town limits, write "RURAL")
(d) Street No. ✓
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME FREDERICK CRATSENBERG
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 9 (Day) 1920 (Year)

8. AGE:	Years	Months	Days	If less than one day
	20	4	26	hr. min.

9. Birthplace LA HARPE (City, town, or county) Illinois (State or foreign country)
10. Usual occupation STUPENT.
11. Industry or business
FATHER
12. Name John Harvey Cratsenberg
13. Birthplace LaHarpe (City, town, or county) Ill (State or foreign country)
MOTHER
14. Maiden name Kathryn Shchroder
15. Birthplace LaHarpe (City, town, or county) Ill (State or foreign country)
16. (a) Informant L. N. Cratsenberg
(b) Address LaHarpe Ill.
17. (a) LaHarpe (Burial, ~~cremation, or removal~~) (b) Date thereof Dec 8 1940 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ LAHARPE, Ill.
18. (a) Signature of funeral director E D Walters
(b) Address LaHarpe Ill 457
19. (a) Dec 7 1940 (Date received local registrar) (b) Hazel Stamper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12/5 day
year 40 hour minute M.
21. I hereby certify that I attended the deceased from never, 19__; to never, 19__;
that I last saw ~~him~~ alive on 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Crushed body Auto Collision	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident (auto N.S.)
(b) Date of occurrence 12/5-1940
(c) Where did injury occur? Livingston Co - Hy. No. 36 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No
While at work? No (Specify type of place) (e) Means of injury Auto Collision
23. Signature [illegible] (M. D. ~~or other~~) 5
Address Chillicothe Mo. Date signed 12/9/40

(Licensed Embalmer's Statement on Reverse Side)

210 A-
48

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 E D Walters, Registered Apprentice No. ..... working under my personal supervision.

Signed E D Walters

Licensed Embalmer No. 4852

P. O. Address La Harpe Il

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

If this body is not embalmed, fact should be so stated above.

o. 2B
-21-40
X22659

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STANDARD CERTIFICATE OF DEATH

State File No. 43112

Registration District No. 512 Primary Registration District No. 5679 Registrar's No.

1. PLACE OF DEATH:
(a) County ~~Moorsville~~ Livingston
(b) ~~City or town~~ Moorsville T P
(If outside city or town limits, write "RURAL" and name of township)
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Frederick Cratsenberg
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
20	4	26	hr. min.

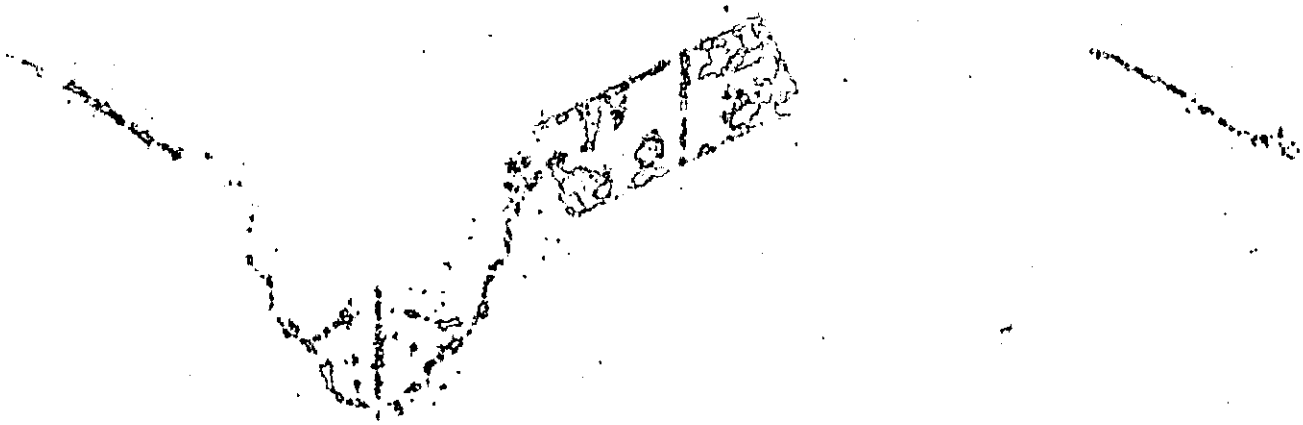
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 12 day 5
year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19;
that I last saw him alive on , 19;
and that death occurred on the date and hour stated above.
Immediate cause of death Crushed Chest
Auto accident
Due to Collision with truck that they ran into
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) acc (auto)
(b) Date of occurrence 12/5/1940
(c) Where did injury occur? Livingston Co # 36 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ~~auto~~ No (Specify type of place)
While at work? (e) Means of injury Auto Collision
23. Signature (M. D. or other)
Address Chillicothe, Mo. Date signed 2/20/41

SUPPLEMENTARY