

10-39
7-39
X21482

Registration District No. _____

Primary Registration District No. 095-7

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Ralls

(b) City or town Rural
(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)

In this community _____
years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Neb. (b) County Washington

(c) City or town Rural
(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.

8. (a) PRINT FULL NAME Evi F. Kruger

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 30
year 1940 hour 910p minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alma 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Keshest of Yum Duration

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

About 47

Due to Collesion with a truck of the Meadville, Mo. Cooperative Live Stock Shipping Association

Other conditions _____
(include pregnancy within 3 months of death)

9. Birthplace Washington Neb.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Kruger

13. Birthplace Neb.
(City, town, or county) (State or foreign country)

14. Maiden name Lena Dunklau

15. Birthplace Neb.
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Fred Vogt

(b) Address Arlington Neb.

17. (a) Removal (b) Date thereof 1 2 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arlington Neb.

18. (a) Signature of funeral director James Donnell

(b) Address Hannibal Missouri

19. (a) Jan 1 1941 (b) Blanche Meguire
(Date received local registrar's) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence December, 30, 1940.

(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? W S Heglsey #61

While at work? _____ (Specify type of place) _____

23. Signature Clyde W. Wilbey Covered
(Name of physician or other) (M.D. or other)

Address Perry, Mo. Rellap Date signed 12/24/40

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

RECEIVED

District Health Officer No. 10

District File Number 1-41-82

Date Filed JAN 13 1941

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.