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

FILED JAN 17 1941

3164
Do not use this space.

1. PLACE OF DEATH
(a) County Lafayette, Registration District No. 454
(b) Township Middleton Primary Registration District No. 5620 A Registered No. 54
(c) City Alma, Mo. (d) Street No. 7 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 Jacob E. Kroencke,
(a) Residence, No. Alma Mo St. 0
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Emilie Kroencke,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27, 1866.
7. AGE: Years 74 | Months 4 | Days 10 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
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) (STATE OR COUNTRY) Cole Camp, Missouri. 0

FATHER
13. NAME Karsten Kroencke,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dont know, Germany.

MOTHER
15. MAIDEN NAME Margareta Gerken,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dont know. Germany.

17. INFORMANT (ADDRESS) Mrs. Stella Francis, Alma, Missouri.
18. BURIAL, CREMATION, OR REMOVAL PLACE Alma, Mo. Trinity Luth. Cem. DATE Jan. 10, 1941
19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. H. Bremer, Alma, Missouri.
20. FILED Jan 9, 1941 Mrs. Frank McCline Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 7th, 1941
22. I HEREBY CERTIFY, That I attended deceased from 2-14-, 1939, to 1-6-, 1941
I last saw him alive on 1-6-, 1941 Death is said to have occurred on the date stated above, at 5:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
Other contributory causes of importance: Arteriosclerosis	

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
If so, specify
(Signed) J. G. W. Fischer M. D.
(Address) Alma, Mo.

Licensed Embalmer's Statement on Reverse Side)

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

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-13-41

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, ...

A. H. Bremer, ..., or by .....

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

Signed, A H Bremer

Licensed Embalmer No. 2696.

P. O. Address Alma, 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.