No. 2
11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10191

APR 10 1941

Registration District No. 89 — Primary Registration District No. 3007 — Registrar's No. 139

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff (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 two months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Poplar Bluff (If outside city or town limits, write "RURAL")

(d) Street No. 204 W. Warren (If rural, give location)

(e) If foreign born, how long in U. S. A.? 54 years.

3. (a) PRINT FULL NAME August Albert Kroening

3. (b) If veteran, name war

3. (c) Social Security No. 490-01-3806

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Alice

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased March 16 (Month) 1880 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
61	0	10	hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Stave cutter

11. Industry or business Poplar Bluff Stave Co.

FATHER
12. Name Albert Kroening
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Docia
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Alice Kroening

(b) Address 204 W. Warren, Poplar Bluff, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-41 (Month) (Day) (Year)

(c) Place: burial or cremation Black Creek

18. (a) Signature of funeral director Greer Croy Service

(b) Address Poplar Bluff, Missouri

19. (a) 3/27/41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1941 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from Mar 25th, 1941, to Mar 25th, 1941, that ~~I last saw him alive on~~ he expired before my arrival and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	3/25/41
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

94 W

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)

(b) Date of occurrence

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. L. Qualls (M. D. or other) M.D.

Address Poplar Bluff, Mo. Date signed 3/26/41

(Licensed Embalmer's Statement on Reverse Side)

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 Wallace N Fitch

Licensed Embalmer No. 3859

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.