DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11695

State File No.

Registration District No. 889 — FILED MAR 19 1941

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:

(a) County: PIKE

(b) City or town: LOUISIANA MO (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: PIKE CO HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 HOURS (Specify whether years, months or days)

In this community NON RESIDENT

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County PIKE (ILL)

(c) City or town SPRINGFIELD ILL. (If outside city or town limits, write "RURAL")

(d) Street No. 420 NO. MONROE (If rural, give location)

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

3. (a) PRINT FULL NAME: EDWARD HERMAN KRUSE MARK

3. (b) If veteran, name war: NO

3. (c) Social Security No. 348-09-2871

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: OPAL KRUSE MARK

6. (c) Age of husband or wife if alive: 29 years

7. Birth date of deceased: SEPTEMBER 30 1898 (Month) (Day) (Year)

8. AGE: Years 42 | Months 5 | Days 9 | If less than one day ___ hr. ___ min.

9. Birthplace: LOGAN CO (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation: PLASTER MIXER

11. Industry or business

FATHER
12. Name: AUGUST KRUSE MARK
13. Birthplace: — (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name: JOHANNA SCHULTZ
15. Birthplace: — (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant's own signature: Mrs Opal Kruse Mark

(b) Address: Springfield Illinois

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3/11/1941 (Month) (Day) (Year)

(c) Place: burial or cremation OAK RIDGE CEM.

18. (a) Signature of funeral director: OLLINGER + KUAE

(b) Address: SPRINGFIELD ILL.

19. (a) 3/9-41 (Date received/local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 9TH year 1941 hour 12:05 minute P.M.

21. I hereby certify that I attended the deceased from ___, 19__, to ___, 19__; that I last saw h___ alive on ___, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CEREBRAL CONCUSSION	
COMPOUND FRACTURE LEFT TIBIA	
SIMPLE FRACTURE LEFT FIBULA	
Due to: FRACTURE MANDIBLE	
Due to: AUTOMOBILE ACCIDENT MARCH 8TH 1941	18 HRS
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

(b) Date of occurrence: MARCH 8TH 1941

(c) Where did injury occur? U.S. HIGHWAY 36 PIKE CO ILL (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? PUBLIC PLACE (Specify type of place)

While at work? NO (e) Means of injury: AUTO ACCIDENT

23. Signature: [signature] Coroner (M. D. or other)

Address: Louisiana Mo. Date signed 3/9/41

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho[illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very in[illegible]

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

Signed Harold Garner

Licensed Embalmer No. 3720

P. O. Address Louisiana Mo

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

If this body is not embalmed, above space should be left blank.

No. 2B
4-25-41
I X27852

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11693

Registration District No. 689 Primary Registration District No. 3033 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: PIKE CO HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 HOURS (Specify whether years, months or days)

In this community 12 HOURS

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) Citizen of foreign country (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edward Herman Kruse Mark

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 M

6. (b) Name of husband or wife OPAL KRUSEMARK

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

7. Birth date of deceased SEPT (Month) 30 (Day) 1898 (Year)

8. AGE: Years 42 Months 5 Days 9 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

MOTHER
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 Mar day 9 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Concussion Duration

Compound fract. left tibia

Due Simple fract. left Tibia

Fracture mandible

Due to Automobile accident

Other conditions (Include pregnancy within 3 months of death)

Collided with Bridge

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) Acc.

(b) Date of occurrence Mar 8 1941

(c) Where did injury occur? U.S.H. C Hway 36 Pike Co Ill (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (BRIDGE) ON H-Way (Specify type of place)

While at work? (e) Means of injury

23. Signature M. Smith Coroner ~~(M.D. or other)~~

Address Louisiana Mo Date signed 3/9/41

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