

No. 11-10
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FILED MAY 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15281

Registration District No. 604

Primary Registration District No. 435-8

Registrar's No.

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

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution:
No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether
years, months or days) all of life

8. (a) PRINT FULL NAME LORINE MAY KRUEGER

8. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife No

6. (c) Age of husband or wife if alive No years

7. Birth date of deceased July 25 - 1924
(Month) (Day) (Year)

8. AGE: Years 16 Months 8 Days 9 If less than one day hr. min.

9. Birthplace Point Pleasant Mo. U
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business No

MOTHER FATHER { 12. Name PAUL KRUEGER

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

MOTHER FATHER { 14. Maiden name LORETTA ZONER

15. Birthplace BROWNWOOD Mo. U
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Krueger

(b) Address Point Pleasant, Mo.

17. (a) Burial (b) Date thereof April 13 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville, Mo.

18. (a) Signature of funeral director Richard W. Co

(b) Address New Madrid, Mo.

19. (a) 4/17/41 (b) Wm O Bannon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Point Pleasant, Mo.
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
year 1940 hour 7:26 minute P M.

21. I hereby certify that I attended the deceased from Apr 14, 1941, to Apr 14, 1941, that I last saw him alive on Apr 14, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death cardiac failure Duration 2 hours

Due to intestinal obstruction 26 hours

Due to _____

Other conditions congenital deformity
(Include pregnancy within 3 months of death)

Major findings: of chest and spine

Of operations none

Of autopsy None

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? _____

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

23. Signature Layman H. Leonard (M. D. or other) R.M.D.

Address Portageville, Mo. Date signed 4-14-41

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LEGAL RECORD

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..... *No.*

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.)

4A If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 604

Primary Registration District No. 4358

Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town New Madrid
(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. 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 Lorine May Krueger

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: month apr day 14
year 1941 hour _____ minute _____ M.

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced S

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.

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

Immediate cause of death Cardiac failure Duration 2 hrs
Chronic myocarditis
Intestinal obstruction
due to congenital deformity
of chest & spine

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

8. AGE: Years 16 Months 8 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 _____

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) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 4/17/41 (b) Wm O'Banion
(Date received from registrar) (Registrar's signature)

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) _____

(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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Raymond C. Conrado (M. D. or other) _____
Address Portageville mo Date signed _____

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

SUPPLEMENTARY

OCT 27 1944

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