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

FILED MAY 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15976

Registration District No. 796 Primary Registration District No. 6039 Registrar's No. 83

1. PLACE OF DEATH:

(a) County Saline Marshall 2

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

(c) Name of hospital or institution:
Residence: R.F.D. 1 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Shackelford 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. R.F.D. 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Wilhelmina Emma Krumsiek

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

4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Henry F. Krumsiek 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Oct. (Month) 14, (Day) 1863 (Year)

8. AGE: Years 77 Months 6 Days 16 If less than one day hr. min.

9. Birthplace Marthasville, (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Karl Ridder
13. Birthplace Don't know (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Maria Schacke
15. Birthplace Don't know (City, town, or county) Don't know (State or foreign country) 5

16. (a) Informant E.C. Krumsiek
(b) Address Marshall, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/41 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director J. Leslie Sussex
(b) Address Marshall Mo

19. (a) 5-1-41 (Date received local registrar) (b) Dep. Mary Kent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1941 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from
, 1928 to April 30, 1941
that I last saw her alive on Jan. 10, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Died in an Epileptic siezure

Due to Has had Epilepsy for 10 years.

Due to

Other conditions X
(Include pregnancy within 3 months of death)

Major findings:
Of operations X

Of autopsy

Duration

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? X (e) Means of injury X

23. Signature A. C. Putnam (M. D. ~~or other~~) 11
Address Marshall Mo Date signed 4-30-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-19-41

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; or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed J. Leslie Sussney

Licensed Embalmer No. 3235

P. O. Address Marshall, 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, fact should be so stated above.