

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED SEP 20 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32210

Registration District No. 660

Primary Registration District No. 5878

Registrar's No.

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Rural - Central
(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.....
In this community 44-1-0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 079
(c) City or town Rural 0
(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 0

3. (a) PRINT FULL NAME Magdalena Krauss

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eugene Krauss 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Aug. 20 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 1 0 hr. min.

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

10. Usual occupation House Wife

11. Industry or business.....

MOTHER FATHER { 12. Name Freda Bergmann
13. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lizzie Ochs
15. Birthplace Perry Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Howard Krauss
(b) Address Perryville Mo. RFD

17. (a) Burial (b) Date thereof Sept. 23 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedenberg Mo.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.

19. (a) 9-22-41 (b) J. J. Zollner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20
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 By drowning at the hands of some person or persons by this jury Duration
Due to undetermined

Due to.....
Other conditions (Include pregnancy within 3 months of death) 168

Major findings: Of operations.....
Of autopsy By drowning 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) Homicide
(b) Date of occurrence Sept. 20th 1941
Where did injury occur? Perry Co. Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm
While at work? no (Specify type of place) (e) Means of injury

23. Signature W. E. Wilson (M. D. or other) Coroner
Address Perryville Mo Date signed Sept 22 41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT 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.....
Licensed Embalmer No. 21385
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, fact should be so stated above.