

DEC 23 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39228

State File No.

Registration District No. 735

Primary Registration District No. 30345970

Registrar's No. 234

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Ship at Sugar Creek
(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 60 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly (Rural)
(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? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22nd
year 1941 hour 10 minute 55 AM
21. I hereby certify that I attended the deceased from Nov 20th
1941 to Nov 22nd 1941
that I last saw her alive on Nov 22nd 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral
Hemorrhage
Due to High Blood
Pressure
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN 830
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 W. E. Keuley (M. D. or other) _____
Address Moberly, Mo. Date signed 24 1941

3. (a) PRINT FULL NAME Mamie Mary Kroner

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

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

6. (b) Name of husband or wife H. B. Kroner 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 18th 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 0 4 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Phillip Muehe

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

14. Maiden name Gertrude Epping

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

16. (a) Informant Miss Opal Kroner

(b) Address R.F.D. Moberly Mo

17. (a) Burial (b) Date thereof Nov 24 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Amahem and Son

(b) Address Moberly Mo

19. (a) Nov 24 41 (b) Leah Williams
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 10

District File Number 12-41-2210

Date Filed DEC 18 1941

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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly Mo.

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.