S. No. 2
—1-4-41
5-17-39
I X26390

L Taylor

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 29 1941

Registration District No. 213

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3014

State File No. 41657

Registrar's No. 337

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

6
5
4

1. PLACE OF DEATH:

(a) County COLE

(b) City or town JEFFERSON CITY, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. MARY'S HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 WEEKS (Specify whether years, months or days)

In this community LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COLE 26

(c) City or town R R # 2 JEFFERSON CITY, MO
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? / (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME FRANK CHARLES KROLL

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife SOPHIA BOEDEKER KROLL

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased JAN. 13, 1860 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
81	9	28	hr. min.

9. Birthplace ST. THOMAS, MO. (City, town, or county) 0 (State or foreign country)

10. Usual occupation DAIRYMAN

11. Industry or business KROLL DAIRY

FATHER
12. Name CASPER KROLL
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name KATHERINE DRAES
15. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

16. (a) Informant MRS. FRANK KROLL

(b) Address JEFFERSON CITY, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11/14/41 (Month) (Day) (Year)

(c) Place: burial or cremation RESURRECTION CEMETERY

18. (a) Signature of funeral director John F. Hanick

(b) Address JEFFERSON CITY, MO.

19. (a) 11-18-41 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 11 year 1941 hour 9 minute 45A. M.

21. I hereby certify that I attended the deceased from Oct 1, 1941, to Nov 11, 1941; that I last saw him alive on Nov 11, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic nephritis c̄ edema — uremia	
Due to hypertrophy of prostate	
Due to	
Other conditions hypostatic congestion of lung (lobular) 2 days	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 131b

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? (e) Means of injury ( )

23. Signature Leon A Taylor (M. D. or other) MD

Address Jefferson City Date signed 11-17-41

894

(Licensed Embalmer's Statement on Reverse Side)

APR 9 1945

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 Sylvester Quelle, Registered Apprentice No. 292, working under my personal supervision.

Signed John F. Heinrich

Licensed Embalmer No. 3655

P. O. Address Jefferson City, 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.