

FILED JUN 10 1942

Primary Registration District No. 2001

Registrar's No. 368

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
585 W Pine  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 72 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 585 W Pine (If rural, give location) City  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country None

3. (a) PRINT FULL NAME Frank. Krumholz

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
7. Birth date of deceased June 15 1858  
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 25 If less than one day hr. min. 4

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

10. Usual occupation carpenter

11. Industry or business Joseph. Krumholz

12. Name Unknown Germany

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

14. Maiden name Unknown

15. Birthplace Unknown Germany  
W A Krumholz (City, town, or county) (State or foreign country)

16. (a) Informant West Plains Mo

(b) Address West Plains Mo

17. (a) Burial (b) Date thereof May 10 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director Dunn Funeral Home

(b) Address Springfield Mo

19. (a) 5-12-42 (b) D. W. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 th  
1942 year. hour 7.33 minute a M.

21. I hereby certify that I attended the deceased from during 1942 to May 10 1942  
that I last saw alive on May 10 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure & acute blood right radial artery  
Due to Cardiac Vessel  
Renal disease, Chronic

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13/2  
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 0

23. Signature C. H. Collins (M. D. or other) \_\_\_\_\_  
Address 3147 College Date signed 5/12/42

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

39  
2  
6

---

---

**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

*Lawrence J. Hall*

Licensed Embalmer No.

*2754*

P. O. Address

*Springfield n*

**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.**

*1*