

FILED AUG 21 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27102

State File No. \_\_\_\_\_

Registration District No. 111

Primary Registration District No. 5426

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Franklin,  
(b) City or town Rural, Bales Tushh.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: near Hi Way # 66.1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none; (Specify whether  
In this community 3 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Franklin,  
(c) City or town Rural, Bales Tushh. (If outside city or town limits, write "RURAL")  
(d) Street No. near Hi Way #66. (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 3  
year 1942 hour 8 minute 0 A.M.  
21. I hereby certify that I attended the deceased from Feb 2 -  
1942 to Aug 3 1942  
that I last saw him alive on Aug 3 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Apoplexy Duration 24hr.  
Due to Cardio vascular  
disease.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 73a!  
Of operations \_\_\_\_\_  
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)  
(c) Means of injury \_\_\_\_\_  
23. Signature Verdel B. Evers M.D. or other \_\_\_\_\_  
Address \_\_\_\_\_ Date signed Aug 4/42

3. (a) PRINT FULL NAME Joseph M. Kroemung.

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

4. Sex Male 5. Color of hair White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Kroemung, 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased. Oct. 18, (Month) (Day) 1873 (Year)

8. AGE: Years 68 Months 9 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer,

11. Industry or business Own farm.

12. Name Joseph Kroemung,

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

14. Maiden name Mary Saubel,

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

16. (a) Informant Casper Kroemung,

(b) Address Glencoe, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 6, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem. Pond, Mo.

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

(b) Address Baldwin, Mo.  
(c) Signature of registrar Blanch C. Fletcher (Registrar's signature)

19. (a) 6/4/42 (Date received local registrar) (b) Blanch C. Fletcher (Registrar's signature)

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

36  
0  
0

1119

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.

4068  
11 68007

Signed..... *Theo. Schrader*

Licensed Embalmer No. *3066*

P. O. Address. *Ballwin, 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.