

FILED NOV 7 1942; 62

Registration District No. ....

Primary Registration District No. 5595

Registrar's No. 31

1. PLACE OF DEATH:

(a) County JEFFERSON  
(b) City or town RURAL ROCK-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 LIFE 15 DAYS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JEFFERSON  
(c) City or town RURAL-ANTONIA  
(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.

3. (a) PRINT FULL NAME EUGENE WILLIAM KRAUS

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased. SEPT 25 1942 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day hr. min. 15

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name IRVIN KRAUS  
13. Birthplace KIMMSWICK MO (City, town, or county) (State or foreign country)  
14. Maiden name VIRGINIA JOHNSON  
15. Birthplace PEVELY MO (City, town, or county) (State or foreign country)

16. (a) Informant IRVIN KRAUS  
(b) Address KIMMSWICK MO

17. (a) BURIAL (b) Date thereof OCT 10 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BURGESS

18. (a) Signature of funeral director HEINIGTAE FUNERAL HOME

(b) Address KIMMSWICK MO

19. (a) 10710/2 (b) [Signature] (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 9th year 1942 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from 9-25-42, 1942 to 10-2, 1942 that I last saw him alive on 10-2, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Total Pneumonia Rt. Lower

Due to... 108  
Due to...  
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

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?

23. Signature [Signature] (M. D. or other) [Signature]  
Address Kimmswick Mo Date signed 10/10/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

*Not Embalmed*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Elmer Heiligtag*

Licensed Embalmer No. *3571*

P. O. Address.....

*Kennebunk ME*

**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.**