S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1943 128

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 40765

Registrar's No. 932

Dr C. B. Elkins

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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: 1094 S. Glenstone 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 22 years
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. 1094 S. Glenstone
(If rural, give location)

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

If yes, name country 0

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3. (a) PRINT FULL NAME Emma C. Krumholz

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race "hite 1

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Frank Krumholz

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

7. Birth date of deceased August (Month) 4, (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
✓ 67	4	22	hr. min.

9. Birthplace Austin, (City, town, or county) Texas 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In Home

FATHER
12. Name John G. Raby
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mrs. Charles Hulse
(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/42 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 12-26-42 (Date received local registrar) (b) Dr W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month December day 26th year 1942 hour 4:30 minute A.M.

21. I hereby certify that I attended the deceased from April, 1936 to Dec 26, 1942 that I last saw her alive on Dec 25, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Coma - Convulsions

Due to Hypertensive Cardio vascular Renal disease

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None 13a

Of autopsy None

Duration

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 C B Elkins M.D. (M. D. or other)

Address 318½ College Springfield Mo. Date signed 12/28

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 1767

P. O. Address Springfield

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.