

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2180

State File No.

Registration District No. 117

Primary Registration District No. 5435

Registrar's No.

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

1. PLACE OF DEATH:

(a) County GASCONADE

(b) City or town NEAR MOUNTAIN RURAL - BOWWATER
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
NEAR MT. STERLING MO.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
years, months or days) 87 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. NEAR M.T. STERLING MO.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME AUGUST ANDREW KRETER

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24
year 1943 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Jan 23, 1940
to Jan 21, 1943
1940, to Jan 21, 1943
1943

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife CAROLINE KRETER

6. (c) Age of husband or wife if alive 88 years

7. Birth date of deceased NOVEMBER 30 1855
(Month) (Day) (Year)

that I last saw him alive on Jan 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Diarrhea (Parasites)
f. Haps f. Haps. Etc

8. AGE:

Years	Months	Days	If less than one day
<u>87</u>	<u>1</u>	<u>24</u>	hr. min.

Due to Old age

Due to

Other conditions (Include pregnancy within 5 months of death) 55

9. Birthplace Bay Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations None

Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation Farming

11. Industry or business

12. Name AUGUST KRETER

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

14. Maiden name MINNIE STARKE

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

16. (a) Informant Gustave Kreter

(b) Address Bay, Missouri STAR Route

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof January 27 - 1943
(Month) (Day) (Year)

(c) Place: burial or cremation BETHEN PRESBYTERIAN CH.

18. (a) Signature of funeral director W.F. Gettentrater

(b) Address Owensville Missouri

19. (a) Jan 25, 1943 (Date received local registrar)

(b) Mr. F. B. Meyer (Registrar's signature)

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.....

23. Signature Albert D. ... (M. D. or other)

Address 711 Page Co. Lin. Mo. Date signed Jan 27 - 42

1262

(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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed W. R. Gottenstrater

Licensed Embalmer No. 1444

P. O. Address Owensville 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.