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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13624**

MAY 10 1943

Registration District No. **31**

Primary Registration District No. **5107**

Registrar's No. **7**

1. PLACE OF DEATH:
 (a) County **Benton**
 (b) City or town **Lincoln**
 (c) Name of hospital or institution: **No, No. Rural**
 (d) Length of stay: In hospital or institution **All his life**
 In this community **62 Yrs, 9 M- 22 days**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO.** (b) County **Benton.**
 (c) City or town **Lincoln Rural**
 (d) Street No. **8 Mils-N.W. Of Lincoln**
 (e) Citizen of foreign country? **No.**

3. (a) PRINT FULL NAME **William F. Kroos**
 (b) If veteran, **No.** (c) Social Security name war. **No.**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Apr** day **15th**
 year **1943** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____ to **Apr 15, 1943**
 that I last saw h. _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

4. Sex **M-** **5. Color or Face** **White** **6. (a) Single, widowed, married, divorced** **Widower**
7. Birth date of deceased: **June 23, 1880**

Immediate cause of death: **Heavy blows on the head by undetermined person with blunt instruments**
Due to: _____

8. AGE: Years **62** Months **9** Days **22** If less than one day _____ hr. _____ min.

Due to: _____
Other conditions: _____
 (Include pregnancy within 3 months of death)

9. Birthplace: **Lincoln Missouri**

10. Usual occupation: **Farmer,**

11. Industry or business: _____
12. Name: **Henry Kroos,**
13. Birthplace: **XX Germany**
14. Maiden name: **Anna Wischmeier**
15. Birthplace: **XX Germany**

PHYSICIAN
Major findings: _____
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant: **Walter Kroos,**
 (b) Address **Warsaw Mo,**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof **4-17-43**
 (c) Place: burial or cremation **Luthern Ceme, N.W. Lincoln**

(c) Where did injury occur? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director: **E. B. Colbert,**
 (b) Address **Lincoln Mo**

(Specify type of place) _____
 While at work? _____ (2) Means of injury _____

19. (a) April 22-43 (b) **Pauline HARMS**
 (c) (Data received local registrar) (Registrar's signature)

23. Signature: **Colbert & Co Coroner**
 Address **Warsaw Mo** Date signed _____

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

1361

RECEIVED
District Health Officer No. 76291
District File Number 442-221
Date Filed 5-7-43

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 J. B. Calbert
Licensed Embalmer No. 2800

P. O. Address.....

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.

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Registration District No. 31

Primary Registration District No. 5107

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Rural
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution life (Specify whether years, months or days)

3. (a) PRINT FULL NAME William F. Cross

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

4. Sex m 5. Color or race m 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 23 - 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 20 (If less than one day, min.)

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Benton
(c) City or town Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 Day 11 Year 1943 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Due to undetermined person not-blunt instrument
Due to murder

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) murder

(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. Signatur Walter W. Corner (M. D. or other)

Address Wasson Date signed _____

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

