V. S. No. 2
50M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17698

FILED JUN 2 1943

Registration District No. ____ Primary Registration District No. 3017 Registrar's No. 76

1. PLACE OF DEATH:
(a) County: Cooper
(b) City or town: Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ---- / Home ----
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ----
In this community: 25 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cooper
(c) City or town: Boonville
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ---

3. (a) PRINT FULL NAME: Mrs. Clara Kruse.
3. (b) If veteran, name war: ----
3. (c) Social Security No.: ---

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, or divorced: Widowed.
6. (b) Name of husband or wife: J. D. Kruse.
6. (c) Age of husband or wife if alive: Deceased years
7. Birth date of deceased: October (Month) 30 (Day) 1865. (Year)

8. AGE:

Years	Months	Days	If less than one day
77	6	23	hr. min.

9. Birthplace: Terre Haute, Indiana. / (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife.
11. Industry or business: At Home.

FATHER
12. Name: John Falls.
13. Birthplace: Indiana. / (City, town, or county) (State or foreign country)

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

16. (a) Informant: Mrs. Joe Meyer.
(b) Address: Boonville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 25 / 43 (Month) (Day) (Year)
(c) Place: burial or cremation: Walnut Grove Cem.
18. (a) Signature of funeral director: Goodman & Bolles
(b) Address: Boonville, Mo.
19. (a) May-28-43 (Date received local registrar) (b) Dr Chas. Swap. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 23 / year: 1943 hour: 8 minute: 30 p. M.
21. I hereby certify that I attended the deceased from June, 1950, to May 22, 1943; that I last saw her alive on May 22, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 hrs.
Due to: Hypertension	Several years.
Due to: Arterio Sclerosis	Several years.
Other conditions (Include pregnancy within 3 months of death):	
Major findings: 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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: M. H. Ziegler (M. D. or other) M.D.
Address: Boonville Mo. Date signed: 5-28-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

[illegible] File Number.....

[illegible] Filed 6-1-43.

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.....

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

working under my personal supervision.

Signed G. F. Boller

Licensed Embalmer No. 3062

P. O. Address Boonville, 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.