

ED JUN 10 1943

Registration District No. 208

Primary Registration District No. 4320

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Palmyra
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
210 1/2 North Main
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. 210 1/2 North Main
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Mary Elizabeth Kroeger

3. (b) If veteran, name war No

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1943 hour 0 minute 0 M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William Kroeger

6. (c) Age of husband or wife if alive 65 1880

7. Birth date of deceased: June 18 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____; that I last saw h. _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>10</u>	<u>25</u>	_____ hr. _____ min.

Immediate cause of death Coronary Thrombosis

Due to Hypertension

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

10. Usual occupation House wife

Due to _____

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

11. Industry or business Martin Speck

12. Name No record

Major findings: Of operations _____

Of autopsy _____

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

14. Maiden name No record

15. Birthplace Mrs. Leona Page
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 5/13/43

(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? _____

16. (a) Informant Palmyra, Mo.

(b) Address Burial

(Specify type of place) _____

(Specify type of place) _____

While at work? _____

Means of injury _____

17. (a) (b) Date thereof 5/16/43
(Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery Palmyra

Signature Wm. M. Smith (Coroner)

Address Hannibal Mo.

18. (a) Signature of funeral director Lewis P. ...

(b) Address Palmyra, Missouri

19. (a) 5/15/43 (b) Mrs. Margaret ...
(Date received by registrar) (Registrar's signature)

Date signed 5/14/43

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

164
2
0

64
2
0

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

gfa

1145-107

SEP 8 1949

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 Rob Lewis

Licensed Embalmer No. 1382

P.O. Address Delaware - 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.