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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1940

Registration District No. 340

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6152

State File No. 22580

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Bernie, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3 ------ [illegible]
(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: 999

(a) State Pa. (b) County 36

(c) City or town Philadelphia 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1218 Walnut St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Arnold D. Krause A/C

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

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

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

7. Birth date of deceased Feb. (Month) 14 (Day) 1922 (Year)

8. AGE:

Years	Months	Days	If less than one day
21	4	10	-- hr. -- min.

9. Birthplace Philadelphia (City, town, or county) Pa. (State or foreign country) 1

10. Usual occupation Machine operator

11. Industry or business Westinghouse Electric Co.

FATHER
12. Name Edward Krause
13. Birthplace Unknown (City, town, or county) U.S.A. (State or foreign country) 1

MOTHER
14. Maiden name
15. Birthplace Unknown (City, town, or county) U.S.A. (State or foreign country) 1

16. (a) Informant T/Sgt. Trax
(b) Address MAAF, Malden, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 25, 43 (Month) (Day) (Year)
(c) Place: burial or cremation Philadelphia, Pa.

18. (a) Signature of funeral director J. G. Schuman
(b) Address Malden, Mo.

19. (a) 6-25-43 (Date received local registrar) (b) Cordie Miller (Registrar's signature)

1155

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1943 hour 5:30 minute P. M.

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.

Immediate cause of death Destruction of vital centers.

Due to Aeroplane Accident

Due to ---

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

Major findings:
Of operations ----
--
Of autopsy -----

Duration

173-8
34

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) Accident 103

(b) Date of occurrence June 24, 1943

(c) Where did injury occur? Bernie, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Country (Specify type of place)

While at work? Yes (e) Means of injury ---

23. Signature C. Mallory Harwell (M. D. or other) M.D
Address Station Hospital Date signed 6/25/43

(Licensed Embalmer's Statement on Reverse Side) Malden, Mo.

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.

AUG 25 1949

Signed J. G. Schurman

Licensed Embalmer No. 4084

P. O. Address Malden, 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.