

S. No. 2
FORM-2-43
Rev. 5-17-39
X3399

27371

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **3558**

FILED AUG 27 1943

Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mo 12 day
(Specify whether years, months or days)

In this community 31 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Mamie G. Kruger

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife John T. Kruger

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased September 15 1879
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 1
If less than one day hr. _____ min. _____

9. Birthplace Prescott, Ontario Canada 2
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Robert Grant

13. Birthplace Canada 2
(City, town, or county) (State or foreign country)

14. Maiden name Unknown O'Fallen

15. Birthplace Canada 2
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John T. Kruger

(b) Address 2509 Benton

17. (a) Removal (b) Date thereof Aug. 18, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Weeping Water, Nebraska

18. (a) Signature of funeral director D. H. Newcomer

(b) Address 1401 Brush Creek Blvd.

19. (a) 8-17-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 2509 Benton
(If rural, give location)

(e) Citizen of foreign country? 40 Years (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16
year 1943 hour 2 minute 55 A.M.

21. I hereby certify that I attended the deceased from May 4 1943 to August 16 1943
that I last saw her alive on August 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to Old fracture hip due to fall in home

Due to _____

Other conditions 1860
(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) Accident?

(b) Date of occurrence Over 3 mos ago

(c) Where did injury occur? St. Jackson Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? _____ (Specify type of place)

(e) Means of injury Accidental fall

23. Signature D. H. Newcomer (M. D. or other) _____
Address St. Joseph Hosp. Date signed _____

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.....

H. C. Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address. *H. C. No.*

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.