

FILED OCT 13 1943

Registration District No. 173 Primary Registration District No. 4273 Registrar's No. 18

1. PLACE OF DEATH:
 (a) County Lafayette
 (b) City or town Concordia, Mo.
 (c) Name of hospital or institution: None.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution (Specify whether 1)
 In this community 73 years (years, months or days)

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

3. (a) PRINT FULL NAME KATHERINE KRONSBELN.
 3. (b) If veteran, name war
 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 5 year 1943 hour 4 minute 15 M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife WILLIAM KRONSBELN.
 6. (c) Age of husband or wife if alive ✓ years

21. I hereby certify that I attended the deceased from Jan 11 1942 to Oct 5 1943, that I last saw her alive on Oct 5 1943, and that death occurred on the date and hour stated above.

7. Birth date of deceased: Nov 24 - 1853
 (Month) (Day) (Year)

Immediate cause of death: Heart of atherosclerosis, Hypertension, Pneumonia
 Due to Hypertension 5 yrs
 Duration 1 day

8. AGE: Years 89 Months 10 Days 13 If less than one day hr. min.

Other conditions: (Include pregnancy within 3 months of death)
 Major findings: None
 Of operations None
 Of autopsy No

9. Birthplace Germany (City, town, or county) (State or foreign country)
 10. Usual occupation Housework
 11. Industry or business None
 12. Name Unknown
 13. Birthplace Unknown (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown (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 _____
 (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)
 Means of injury 0

16. (a) Informant Laura Kronsberg
 (b) Address Argersville Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7 - 1943 (Month) (Day) (Year)
 (c) Place: burial or cremation Exp Bethel Cemetery
 18. (a) Signature of funeral director H. F. Dressing
 (b) Address Concordia Mo.
 19. (a) Oct 7 1943 (Date received local registrar) (b) Mrs. Walter Walkenhorst (Registrar's signature)

23. Signature Perdina Shyman (M. D. or other)
 Address Concordia Mo. Date signed 10-7-43

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

MOTHER FATHER

PHYSICIAN
 Underline the cause to which death should be charged statistically.

RECEIVED
1st Health Officer No. 81.
File Number
Job Filed 10-11-48

SEP 7 1948

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 *W. B. Cunn*

Licensed Embalmer No. *4305*

P. O. Address *Wellington 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.

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