

S. No. 2
M-5-42
5-17-46
1 X 27

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35434**

Registration District No. **58**

Primary Registration District No. **4390**

Registrar's No. **7**

1. PLACE OF DEATH:

(a) County **Deage**
(b) City or town **Meta**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1** (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME **BENARD J KROLL**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **None** years
7. Birth date of deceased **Oct 30 1883**
(Month) (Day) (Year)

8. AGE: **60** Years Months **11** Days **24** If less than one day **9** hr. **30** min.

9. Birthplace **St Thomas Co, Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____
12. Names **Theodore Kroll**
13. Birthplace **St Thomas Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth McDaniel**
15. Birthplace **St Thomas Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Daughter**
(b) Address **Meta Mo**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **10/24/43**
(Month) (Day) (Year)

(c) Place: burial or cremation _____
18. (a) Signature of funeral director **H H Strop**
(b) Address **Meta Mo**

19. (a) **10-25-43** (b) **Rosa Rowan**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Deage** 076 00
(c) City or town **Meta**
(If outside city or town limits, write "RURAL")
(d) Street No. **Ben Beliner**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **24**
year **1943** hour _____ minute _____ M.

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

Immediate cause of death **The jury agrees that Ben Kroll was killed by a railroad train accidentally**
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) **accident** 076
(b) Date of occurrence **10/24/43**
(c) Where did injury occur? **3 1/2 mile east of Meta Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On railroad tracks
While at work? _____ (e) Means of injury _____

23. Signature **P. W. Wellman** Coroner (M. D. or other)
Address **Windsor 1 Mo** Date signed **10/24/43**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

76
00

574

AUG 31 1944

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. H. Strop

Licensed Embalmer No.

2924

P. O. Address:

Metz

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.