

FILED JAN 7 1944

Registration District No. 173

Primary Registration District No. 773 4273

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Concordia
(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 ✓
In this community full life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

LOUISE KROENCKE

3. (b) If veteran, ✓
name war _____

3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife HERMAN C. KROENCKE
6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased Oct - 7 - 1867
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 70
If less than one day hr. ✓ min.

9. Birthplace Lafayette, Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

12. Name CONRAD BRUNS
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name MARIE DROEGE
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Herman C. Kroencke
(b) Address Concordia, Mo.

17. (a) BURIAL (b) Date thereof Nov - 26 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul's Lutheran Church

18. (a) Signature of funeral director H. F. Duesing
(b) Address Concordia, Mo.

19. (a) Nov 23 - 1943 (b) Walter Walkenbunt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22
year 1943 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 14 1943
to November 22 1943
that I last saw her alive on November 22 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension 9 days
10 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy No

Duration

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) _____
(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) (e) Means of injury _____

23. Signature Berdinand Shyman (M. D. or other) _____
Address Concordia, Mo. Date signed 11-22-43

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

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed 1-6-44

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. P. Ewen*

Licensed Embalmer No. 4305

P. O. Address *Wellington MD*

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.