DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
FILED MAR 16 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10509

State File No.

Registration District No. 43 | Primary Registration District No. 2007 | Registrar's No. 81

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lucy Lee Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 45 days (Specify whether years, months or days)
In this community: 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Butler 12
(c) City or town: Poplar Bluff 7
(If outside city or town limits, write "RURAL") 3
(d) Street No.: 709 Pine
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Max M. Krause
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Stella
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: Jan. 13 (Month) ~~1944~~ (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
~~60~~ 61	1	21	hr. min.

9. Birthplace: Walnut Ridge, Ark. (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Mo. Pacific Engineer
11. Industry or business:
12. Father's name: Wm. Krause
13. Birthplace: Germany (City, town, or county) (State or foreign country)
14. Mother's maiden name: Unknown
15. Birthplace: " (City, town, or county) (State or foreign country)
16. Informant: Mrs Stella Krause
(b) Address: 709 Pine – Poplar Bluff, Mo
17. (a) Burial, cremation, or removal: B. (b) Date thereof: 3-6-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn – Poplar Bluff, Mo
18. (a) Signature of funeral director: Frank Cotrell
(b) Address: Poplar Bluff, Mo.
19. (a) 3-8-44 (Date received by local registrar) (b) Della Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4 year 1944 hour 10:15 minute A. M.
21. I hereby certify that I attended the deceased from Jan. 19, 1944 to March 4, 1944 and that I last saw him alive on March 4, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure	2 da
Due to: Cerebral thrombosis	9 Mo.
Hemiplegia	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: 83 f	
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):
(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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: P. L. Knickert (M. D. or coroner)
Address: Poplar Bluff, Mo. Date signed: 3/7/44

(Licensed Embalmer's Statement on Reverse Side)

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

Carl Lynch 4-1-44 H. Stark

60
5/44

MAR 2 9 1944

MAR 1 6 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.

MAY 1 0 1944

Signed Scott A. Cotrell

Licensed Embalmer No. 3567

P. O. Address Poplar Bluff 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.

State of Mo
County of Butler } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No.
Local Registrar's No. 81

On this 30th day of March, 1944, before me appears Ida Krause, who, upon her oath, states that the original record of ~~birth~~ death for Max M. Krause died ~~born~~ May 4, 1944, in the State of Missouri, and which was filed at Jefferson City on 3/8, 1944, should be corrected as follows:

Item No. 7 should read January 13 - 1883
Instead of January 13 - 1884

Item No. should read
Instead of

Item No. 8 should read 61 yrs - 1 Mo - 21 days
Instead of 60 yrs - 1 Mo - 21 days

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Ida Krause Daughter
Relationship.

Poplar Bluff Mo
Present Address.

Subscribed and sworn to before me this 30 day of March, 1944.

My Commission expires 7/23/44 Belle Kirne Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M—8-43
X37817

APR 7 1944

10509

MAY 10 1944