

FILED MAY 1944

Registration District No. 258

Primary Registration District No. 4390

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Osage

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

(c) Name of hospital or institution near St Thomas mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage

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

(d) Street No. near St Thomas mo (If rural, give location)

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

3. (a) PRINT FULL NAME Catharina Kraus

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 John

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Oct 29 1880 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>4</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace St Thomas, mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Luckenotte

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

14. Maiden name Mary Bad

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

16. (a) Informant John Kraus

(b) Address St Thomas mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/44 (Month) (Day) (Year)

(c) Place: burial or cremation St Thomas, mo

18. (a) Signature of funeral director Victor Biescher

(b) Address Jefferson City, mo

19. (a) 3/28/44 (Date received local registrar) (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 17 year 1944 hour 8 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan. 21 1944 to March 17 1944 that I last saw her alive on March 17 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to _____

Due to _____

Other conditions ascites due to chronic nephritis (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy ✓

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 Henry G. Jaenigen (M. D. or other) Michael Address _____ Date signed 3/19/44

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

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.....

Victor Buescher

Licensed Embalmer No..... *3701*

P. O. Address.....

Jefferson City

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. May
Registrar's No. K

Registration District No. 258 Primary Registration District No. 5882

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Rural Jackson Twp
(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 LIFE years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Catharina Kraus

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife JOHN KRANS 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Oct 29 1889 (Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 18 If less than one day min.

9. Birthplace ST. THOMAS MO. (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name HENRY LUECKENOTTO 13. Birthplace GERMANY

14. Maiden name MARY BAX 15. Birthplace GERMANY

16. (a) Informant JOHN KRANS

(b) Address ST. THOMAS, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 3-21-44 (Month) (Day) (Year)

(c) Place: burial or cremation ST. THOMAS

18. (a) Signature of funeral director VICTOR BUSCHER (b) Address JEFFERSON CITY MO

19. (a) 3-21-44 (Date received local registrar) (b) Rose Rowan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar year 1944 hour 10 minute 17 M.

21. I hereby certify that I attended the deceased from JAN 21 1944 to MAR 17 1944 that I last saw him alive on MAR 17 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to
Due to

Other conditions Ositas Due To Chronic Nephritis (Include pregnancy within 3 months of death)

Major findings: Of operations 131 Of autopsy

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) (c) Means of injury

23. Signature Henry G. Brumby M. D. or other) Address metz, mo Date signed 3/19/44

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

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

MOTHER FATHER

15370

From Journal

July 1, 1922