

FILED JUL 8 1944

Registration District No. 8344

Primary Registration District No. 3010

Registrar's No. 203

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Francis Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
 In this community mostly LIFE LINE
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County CAPE GIRARDEAU
 (c) City or town CAPE GIRARDEAU 16
 (If outside city or town limits, write "RURAL")
 (d) Street No. RA 2 1
 (If rural, give location) 4
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 20
 year 44 hour 10 minute 30 a.m.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Wm H. Kruse
 6. (c) Age of husband or wife if alive 25 years (Day) (Year)

21. I hereby certify that I attended the deceased from 6/19 1944
 that I last saw 6/20 alive on 6/20 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years 67 Months 09 Days 25
 If less than one day hr. min.

Immediate cause of death Pharyngeal Strangulation
 (Cancer for)

9. Birthplace Sioux City Iowa
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation housewife

11. Industry or business

Major findings: Of operations ✓
 Of autopsy ✓
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 12. Name Lambert Van Sigham
 13. Birthplace Holland
 (City, town, or county) (State or foreign country)
 14. Maiden name Gertrude Russell
 15. Birthplace MISSOURI - Holland
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Gertrude Svoboda
 (b) Address RA 2 Cape Girardeau Mo
 17. (a) BURIAL (b) Date thereof 6-23-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Mary's Cemetery

(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?

18. (a) Signature of funeral director HACKNEY F. HOME
 (b) Address CAPE GIRARDEAU Mo.
 19. (a) 6-22-44 (b) G. O. Phelps
 (Date received local registrar) (Registrar's signature)

While at work?..... (Specify type of place) (c) Means of injury ✓
 23. Signature G. O. Phelps (M. D. or other) MD
 Address Cape Girardeau Date signed 6/21/44

RECEIVED

District Health Officer No.

District File Number 744-

Date Filed 7-7-

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 Paul Hackney

Licensed Embalmer No. 3598

P. O. Address Pape Kivadean

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete 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. July
Registrar's No. 208

Registration District No. 53

Primary Registration District No. 3010

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, give street name and name or 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 _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Adna Kune

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased aug 25 (Month) (Day) (Year)

8. AGE: Years 67 Months _____ Days _____ If less than one day _____ min.

9. Birthplace Lawa (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

Due to Prostate g

Due to blow g

Other conditions that malignant (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 139 b3

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 [Signature] (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

21261