

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 4 1944
Registration District No. 274

Primary Registration District No. 5936

Registrar's No. 260

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Rural
(c) Name of hospital or institution: Smithton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY BOEKER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 10 - 54 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 9 13 hr. min.

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

10. Usual occupation Housewife

11. Industry or business
12. Name John H. Kruse
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Annita Kruse
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Miss Laura Kruse
(b) Address Smithton Mo
17. (a) Burial (b) Date thereof 7-25-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Smithton Mo

18. (a) Signature of funeral director A. F. Hammer
(b) Address Smithton Mo
19. (a) 7-24-44 (b) Mrs Anna Senger (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis
(c) City or town Smithton (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 _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 23 year 1944 hour 3 minute 15 P.
21. I hereby certify that I attended the deceased from _____ and that death occurred on the date and hour stated above.
Immediate cause of death Carcinoma of Breast

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 50
Major findings: Of operations _____
Of autopsy _____
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) Means of injury _____
23. Signature E. J. Kruse M.D. Date signed 7/24/44
Address Smithton Mo

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 8-4-44

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 A. F. Heunmeyer

Licensed Embalmer No. 3812

P. O. Address Smithton 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.