

FILED SEP 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27641

State File No. _____

Registration District No. 109

Primary Registration District No. 5424

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Wilhelmina Union Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 1/2 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Wilhelmina
(If outside city or town limits, write "RURAL")
(d) Street No. Union Twp
(If rural, give locality)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMMA MARIE KREYKES

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 29, 1874
(Month) (Day) (Year)

8. AGE: Years 70 Months 3 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business ABOVE

12. Name Adam Hanz

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

14. Maiden name UNKNOWN Spittle

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

16. (a) Informant Magdalene Frisch

(b) Address Campbell, Mo. Rt # 3

17. (a) Burial (b) Date thereof 8/12/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wilhelmina

18. (a) Signature of funeral director Dave Funeral Home

(b) Address Malden, Mo.
19. (a) 8-13 1944 (b) Mrs. P. Oliver
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day tenth
year 1944 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from June 2, 1944 to Aug 10, 1944
that I last saw her alive on Aug 17, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Lung

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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) (e) Means of injury _____

23. Signature Dr. C. A. ... (M. D. or other) _____

Address Malden, Mo. Date signed 8/19/44

Duration

6 mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

35
0
0

RECEIVED

District Health Office No. 2,

District File Number 94-1297

Date Filed 9-13-44

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed J. J. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

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.