DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

State File No. 34151
Registrar's No. 36

FILED NOV 10 1944 State of Missouri 5418

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Rural (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: 3
(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)
In this community --

2. USUAL RESIDENCE OF DECEASED:
(a) State Iowa (b) County --
(c) City or town Story City (If outside city or town limits, write RURAL)
(d) Street No. -- (If rural, give location)
(e) If foreign born, how long in U. S. A.? -- 2 years.

3. (a) FULL NAME Kenneth Charles Kreutner
3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife --
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased March (Month) 8 (Day) 1924 (Year)

8. AGE: Years	Months	Days	If less than one day
20	7	2	- hr. - min.

9. Birthplace Unknown (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Student
11. Industry or business High School
FATHER
12. Name Mr. Henry L. Kreutner
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant's own signature
(b) Address Pers Sec, MAAF, Malden, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/11/44 (Month) (Day) (Year)
(c) Place; burial or cremation Story City, Iowa
18. (a) Signature of funeral director J. D. Schumann
(b) Address Malden, Missouri
19. (a) 10/11/44 (Date received local registrar) (b) T. D. Eldred (Registrar's signature)
10-11-44

MEDICAL CERTIFICATION

20. Date of death: Month October day 10th
year 1944 hour 9 minute 9 P.M.
21. I hereby certify that I attended the deceased from 9:30 PM 10 October, 1944 to 11:30PM 10 Oct 44 that I last saw him alive on --- 19--:
and that death occurred on the date and hour stated above.

Immediate cause of death Multiple compound fracture of skull. Fractured neck.
Due to Aircraft accident.
Due to --
Other conditions -- (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) Accident
(b) Date of occurrence 10 October 1944
(c) Where did injury occur? MAAF, Malden, Missouri (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm (Specify type of place)
While at work? Yes (e) Means of injury Aircft. acc.
23. Signature [illegible] (M. D. or other) MD
Address MAAF, Malden, Missouri Date signed

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RECEIVED
District Health Office No.
District File Number 1144-1
Date Filed 11-6-44

No. 2B
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Nov.

Registration District No. 104 Primary Registration District No. 5418 Registrar's No. 36

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

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Rural Clatton Hill Twp
(If outside city or town limits, write "RURAL" and name of 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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME Kenneth C. Kreutner
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 S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 8 1934 (Month) (Day) (Year)

8. AGE: Years 20 Months 7 Days If less than one day hr. min.

9. Birthplace (City, town, or county) Iowa (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) R D Elder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 16 year 1944 hour minute M.
21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

34151