

FILED DEC 13 1944

Registration District No. **02**

Primary Registration District No. **4117**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Chariton**
(b) City or town **Dalton**
(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

In this community.....
years, months or days)

3. (a) PRINT FULL NAME **WILLIAM A. KRAXBERGER**

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

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

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

7. Birth date of deceased **November 7th, 1866**
(Month) (Day) (Year)

8. AGE: Years **78** Months **0** Days **18** If less than one day
hr. min.

9. Birthplace **Nauvoo Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Merchant**

11. Industry or business

12. Name **Frank W. Kraxberger**

13. Birthplace **Germany**
(State or foreign country)

14. Maiden name **Barbara Viemgr Germany**

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

16. (a) Informant **Mrs. W. A. Kraxberger**

(b) Address **Dalton, Missouri**

17. (a) **Burial** (b) Date thereof **11-28-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dalton, Missouri**

18. (a) Signature of funeral director **Lot Stiel**

(b) Address **Brunswick, Missouri**

19. (a) **Nov 27 44** (b) **J. L. Striegg**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Chariton**
(c) City or town **Brunswick**
(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 **November** day **25th**
year **1944** hour **8** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **June 29 1943** to **November 25 1944**
that I last saw him alive on **November 22 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Ch. interstitial nephritis**

Due to **Ch. myocarditis**

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 **Carl C. Heuer** (M. D. or R.N.)

Address **Keokuk, Mo** Date signed **11/27/44**

Duration

10 1/2
10 1/2

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-11-44

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 L. Macisal

Licensed Embalmer No. 823

P. O. Address Brunswick, Md.

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.