

Suggatt 1667

FILED FEB 7 1945

Registration District No. 38

Primary Registration District No. 3006

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1622 W. Ash St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ / (Specify whether
In this community 17 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
(c) City or town Columbia 9
(If outside city or town limits, write "RURAL")
(d) Street No. 1622 W. Ash St. 4
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDWARD HENRY KRUSE

3. (b) If veteran, name war World War I 3. (c) Social Security No. 190-07-2180

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased 3 - 3 - 1891
(Month) (Day) (Year)

8. AGE: Years 53 Months 10 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Herman Kruse

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

14. Maiden name Emma Glazier

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

16. (a) Informant Mrs. Edward Henry Kruse

(b) Address 1622 W. Ash St., Columbia, Mo.

17. (a) Burial (b) Date thereof 1-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Carver Funeral Service
Columbia, Mo.

19. (a) 1-30-45 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28
year 1945 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from 1-28, 1945, to 1-28, 1945
that I last saw him alive on 1-28, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to _____

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

Major findings:
Of operations None
Of autopsy None

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) _____

(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 0

23. Signature J. C. Suggatt (M. D. or other) M. D.
Address Columbia Date signed 1-30-45

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

518
7/85

FEB 10 1945

MAR 2 1945

FEB 20 1945

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 M. D. McKittrick

Licensed Embalmer No. 3893

P. O. Address Palmyra 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.