DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1945

Registration District No. 275

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3053

State File No. 3075

Registrar's No. 12

M—8-43
7. 5-17-39
I X37823

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

1. PLACE OF DEATH:

(a) County: Phelps

(b) City or town: Rolla
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: McFarland Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 hours (Specify whether years, months or days)

In this community: 0

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Crawford

(c) City or town: Cuba Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: R. F. D. #3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Donald Richard Kretzmann

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: Single

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: August (Month) 2nd, (Day) 1942 (Year)

8. AGE:

Years	Months	Days	If less than one day
2	5	26	hr. min.

9. Birthplace: St. James (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: At home.

11. Industry or business:

FATHER
12. Name: Theodore Edward Kretzmann
13. Birthplace: Denver (City, town, or county) Colo. (State or foreign country)

MOTHER
14. Maiden name: Hilda A. Oberkrom
15. Birthplace: Crawford County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mr. T. E. Kretzmann

(b) Address: Cuba, Route 3, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 31, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation: Kinder's Cem. Cuba, Mo.

18. (a) Signature of funeral director: [illegible]

(b) Address: Cuba, Missouri

19. (a) 1-31-1945 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28th year 1945 hour 11 minute 35 A. M.

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

Immediate cause of death: Heart ceased — Duration: 0

Due to: during initial dose of anaesthetic — Duration: 0

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: January 28, 1945

(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: 0

23. Signature: O. J. Hammler (M. D. —)

Address: St. James, Mo. Date signed: Jan. 31, '45

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(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 3643

P. O. Address Cuba, Missouri

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.