S. No. 2
M—8-43
5-17-39
P1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1945

Registration District No. 8

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5948

Primary Registration District No. 3017

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Cooper

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

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

(d) Length of stay: In hospital or institution 2 yrs (Specify whether In this community 87 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Boonville (If outside city or town limits, write "RURAL")

(d) Street No. ✓ ✓ (If rural, give location)

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

If yes, name country ✓ ✓

3. (a) PRINT FULL NAME FRANK-XAVIER-KRAUS.

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Julia Kraus-deceased

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

7. Birth date of deceased Dec (Month) 15 (Day) 1857 (Year)

8. AGE: Years 87 Months 1 Days 16 If less than one day ✓ hr. ✓ min.

9. Birthplace Pilot Grove (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business Same.

FATHER
12. Name Francis Kraus
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant W. J. Kraus

(b) Address Pilot Grove, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-3-45 (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph Cem.

18. (a) Signature of funeral director Hays & Painter

(b) Address Pilot Grove Mo

19. (a) Feb 6-45 (Date received local registrar) (b) Dr Chas Swap (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31st year 1945 hour 12 minute 5 P.M.

21. I hereby certify that I attended the deceased from Dec 7, 1944, to Jan 31, 1945; that I last saw him alive on Jan 31, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Toxemia	1 week
Due to Senile Gangrene of Left Foot & Lower Leg	6 wks
Due to End. arteritis Obliterans	6 wks
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations 97
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 0

23. Signature W. H. Ziegler (M. D. or other) M.D.

Address Boonville Mo. Date signed 2-2-45

108 V

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health [illegible]

District File Number _____

Date Filed 3-5-45

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 myself.

_____, Registered Apprentice No. _____,

working under my personal supervision.

Signed Peyton E. Hayes

Licensed Embalmer No. 3074.

P. O. Address Pilot Grove, 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.