

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 26 1945
Registration District No. 236

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14060
Registrar's No. 16

Primary Registration District No. 4352

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Versailles
(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 lifetime
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Louis Kroeschen

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 married
6. (b) Name of husband or wife Elizabeth Marriott 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased May 25, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 10 18 _____ hr. _____ min.

9. Birthplace Morgan County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business _____

12. Name Henry Kroeschen
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Elisena Whitrock
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Elizabeth Kroeschen
(b) Address Versailles Mo
17. (a) Burial (b) Date thereof 4-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Versailles Cemetery

18. (a) Signature of funeral director J. F. Thumel
(b) Address Versailles Mo
19. (a) 4-14-1945 (b) Ray Berpatriesser
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan
(c) City or town Versailles
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1945 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 11-4-1942 to 4-13-45
that I last saw him alive on Apr 9, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Arterial sclerosis
Duration 2 yrs known

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 97

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 A. J. Gunn (M. D. or other) _____
Address Versailles Mo Date signed 4-14-45

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

MOTHER FATHER

10
-385
24-45

1029

APR 30 1945

RECEIVED

District Health Officer No. 7,

District File Number 3-45-352

Date Filed 4-22-45

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

J. T. Kinnell

Licensed Embalmer No.

1596

P. O. Address

Versailles 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.