

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18342

FILED JUN 9 1945

Registration District No. 322

Primary Registration District No. 44723071

Registrar's No. 7

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

1. PLACE OF DEATH  
(a) County Saline  
(b) City or town Slater mo  
(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 36 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Saline  
(c) City or town Slater  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Street No. 418 Armstrong  
(If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
Germany (If yes, name country)

3. (a) PRINT FULL NAME John Henry Kruse  
3. (b) If veteran, name war -  
3. (c) Social Security No. -

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 29  
year 1945 hour 8 minute 20 M.  
21. I hereby certify that I attended the deceased from 1940  
to May-28-1945  
that I last saw him alive on May-28-1945; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Mary Kruse  
6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased July-12-1881  
(Month) (Day) (Year)

Immediate cause of death Myocarditis  
Duration 4 yrs.  
Due to -  
Due to -  
Other conditions (Include pregnancy within 3 months of death) -

8. AGE: Years 83 Months 10 Days 17 If less than one day hr. min.  
9. Birthplace Germany (City, town, or county) (State or foreign country) 4

Major findings: Of operations -  
Of autopsy -  
PHYSICIAN -  
Underline the cause to which death should be charged statistically.

10. Usual occupation laborer  
11. Industry or business  
12. Name Olegments Kruse  
13. Birthplace Germany (City, town, or county) (State or foreign country) 11  
14. Maiden name Sony Knobel  
15. Birthplace Germany (City, town, or county) (State or foreign country) 11

MOTHER FATHER  
16. (a) Informant J. H. Kruse  
(b) Address Slater, Mo  
17. (a) burial Date thereof 5-31-45 (Burial, cremation, or removal) (Month) (Day) (Year)  
(b) Place: burial or cremation Slater City Cemetery  
18. (a) Signature of funeral director John Jones & Saper  
(b) Address Slater, Mo  
19. (a) June 2-45 (b) Mrs. John Gigu (Date received local registrar) (Registrar's signature)

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 -  
23. Signature M. C. Higgins (M. D. or other)  
Address Slater, Mo Date signed 5/31/45

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 10/7/45

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 Joseph J. Jones

Licensed Embalmer No. 3143

P. O. Address State, N

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.