S. No. 2
M—8-43
y. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1945

Registration District No. 175

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5643

State File No. 20710

Registrar's No. 10

1. PLACE OF DEATH:
(a) County: Lafayette
(b) City or town: Rural Freedom
(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 ____ (Specify whether years, months or days)
In this community: Since Childhood

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lafayette
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Concordia
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Caroline Kueck
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: J. Henry Kueck
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: December (Month) 15 (Day) 1858 (Year)

8. AGE: Years	Months	Days	If less than one day
86	6	12	____ hr. ____ min.

9. Birthplace: Rodewalt, Germany. (City, town, or county) (State or foreign country)
10. Usual occupation: House Wife
11. Industry or business ____
FATHER 12. Name: Henry Schneider
FATHER 13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Louise Margas
MOTHER 15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Flora Kapselman
(b) Address: Kansas City
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/45 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Pauls Cemetary.
18. (a) Signature of funeral director: Gerking & Voegt.
(b) Address: Concordia Mo.
19. (a) June 28-45 (Date received local registrar) (b) Mrs. L. H. Kraemer (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1945 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan 4-1945, 1945, to June 27, 1945 that I last saw him alive on June 27, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart failure	
Due to: Myocarditis Chronic	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: None	

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 ____
23. Signature: Richmond Shypman (M. D. or other)
Address: Concordia Mo Date signed 6-28-45

1235 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/6/45

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 E. G. Frerking & F. C. Voigt, Registered Apprentice No. ....., working under my personal supervision.

Signed F. C. Voigt E. G. Frerking

Licensed Embalmer No. 1511 - 295

P. O. Address Concordia, 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.