

FILED JAN 12 1948

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 190

Primary Registration District No. 4430

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Crocker, 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 _____ (Specify whether _____)
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Crocker, Mo.
(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 Wm. Fredrick Krouse

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 Jan. 8, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>10</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Krouse

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Lizzie Lehman

15. Birthplace E. St. Louis, Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Krouse

(b) Address Crocker, Mo.

17. (a) Burial (b) Date thereof 11/21/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crocker Cem.

18. (a) Signature of funeral director J. L. Hoops & Sons
(b) Address Crocker, Mo.

19. (a) 12-26-1945 (b) Chas M D-dd
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
year 1945 hour 1 minute _____ P. M.

21. I hereby certify that I attended the deceased from 5-6-1944 to 11-19-1945
that I last saw him alive on 10-15-1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pulmonary Tuberculosis 3 yrs

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 C. Miller, M.D. (M. D. or other)

Address Waynesville, Mo. Date signed 12-4-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1170

(Licensed Embalmer's Statement on Reverse Side)

AUG 16 1951

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 Paul B. Hoop
Licensed Embalmer No. 3261
P. O. Address Proctor, Me.

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.