

FILED MAR 8 1946

Registration District No. **244**

Primary Registration District No. **5891**

Registrar's No. **7**

1. PLACE OF DEATH:

(a) County **Ozark**
(b) City or town **Rural, Bridges Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **14 years** (years, months or days)

3. (a) PRINT FULL NAME **Oral Earl Kroves**

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 **married**
6. (b) Name of husband or wife **Inez Belle Kroves** 6. (c) Age of husband or wife if alive **57 years**
7. Birth date of deceased **August 22 1886**
(Month) (Day) (Year)

8. AGE: Years **59** Months **4** Days **26** If less than one day hr. _____ min. _____

9. Birthplace **Bates Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Own farm**

12. Name **Robert E. Kroves**

13. Birthplace **Jackson, Ill.**
(City, town, or county) (State or foreign country)

14. Maiden name **Cora Rucker**

15. Birthplace **Johnson Co Ind.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ruby A. Rietow**

(b) Address **408-415 - 3724 Broadway N.E. MO**

17. (a) **Removal** (b) Date thereof **Jan 21 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Butler, Mo.**

18. (a) Signature of funeral director **Mrs. Joe M. Adams**

(b) Address **Cottleville, Ark.**

19. (a) **1-21-46** (b) **Adair Hall**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Ozark?**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Bridges Township**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **18** year **1946** hour **2** minute **A.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to **Jan 18 1946**
that I last saw **alive on** _____ and that death occurred on the date and after stated above.
Immediate cause of death **acute heart failure** Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy **none held**

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 _____

23. Signature **J. J. Morrow** (M. D. or other) **Butler, Ark.**

Address _____ Date signed **1-20-46**

RECEIVED

District Health Officer No. 6

District File Number 246-180

Date Filed FEB 28 1946

FEB 14 1946

MAR 11 1946

MAR 13 1946

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.....

Alma Lee Adams

Licensed Embalmer No.

3939

P. O. Address.....

Cotton Ave

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.