

FILED MAY 22 1946

Registration District No. **156**

Primary Registration District No. **Joplin**

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County **Jasper**
 (b) City or town **Joplin**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1109 Central, Joplin, Mo. /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **All her life**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jasper** **49**
 (c) City or town **Joplin** **2**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1109 Central** **5**
 (If rural, give location)
 (e) Citizen of foreign country? **No** **0** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **HELEN BERTHA KRUGER**

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, Single**

6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____ **alive** _____ **years**

7. Birth date of deceased **December 7, 1912**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	33	4	11	_____ hr. _____ min.

9. Birthplace **Joplin Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **not employed**

11. Industry or business _____

12. Name **Fred Kruger**

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

14. Maiden name **Mamie Howard**

15. Birthplace **Rocky Comfort Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mamie Kennedy**
(b) Address **1109 Central, Joplin, Mo.**

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** **4-17-46**
 (Month) (Day) (Year)

(c) Place: burial or cremation **Osborne Memorial Cemetery**

18. (a) Signature of funeral director **Parker-Hunsaker**

(b) Address **1502 Joplin, Joplin, Mo.**

19. (a) 4-25-46 (Date received by Registrar) **(b) [Signature]** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **16**
 year **1946** hour **12** minute **30** A. M.

21. I hereby certify that I attended the deceased from **Joplin**
15, 19**46** to **Apr 16**, 19**46**
 that I last saw her alive on **Apr 12**, 19**46**
 and that death occurred on the day and hour stated above.

Immediate cause of death **Carcinoma Cervix uteri as primary cause**
 Due to _____
 Due to _____

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

Major findings:
 Of operations _____
 Of autopsy **480**

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, or industrial place, in public place?

While at work? _____ (Specify type of place) **(e) Means of injury** _____

23. Signature **J. M. Hall** (M. D. or other) **M.D.**

Address **Joplin Mo** **Date signed** **4-17-46**

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

MOTHER FATHER

46-4-379

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.....

F. M. Jones

Licensed Embalmer No. *2319*

P. O. Address *Joplin 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.

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Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Joplin
(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)

3. (a) PRINT FULL NAME Helen B. Kruger
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____
 7. Birth date of deceased Dec 7 1908
(Month) (Day) (Year)

8. AGE: Years 23 Months _____ Days _____
If less than one year hr. min.

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

10. Usual occupation Not employed

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) E. D. James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

S-17007