S. No. 2
4—8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17151

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 36

1. PLACE OF DEATH:

(a) County LAFAYETTE

(b) City or town LEXINGTON (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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAFAYETTE 54

(c) City or town CONCORDIA 1 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME HERMAN CARSTEN KROENCKE

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 WIDOWED

6. (b) Name of husband or wife LOUISE BROWNS KROENCKE

6. (c) Age of husband or wife if alive DEC years

7. Birth date of deceased JANUARY (Month) 9 (Day) 1860 (Year)

8. AGE: Years 86 Months 4 Days 16 If less than one day hr. min.

9. Birthplace COLE CAMP, MO (City, town, or county) 0 (State or foreign country)

10. Usual occupation FARMING

11. Industry or business

FATHER
12. Name CARSTEN KROENCKE 4
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARGARETHA GERKEN 4
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant MRS LEO KROENCKE

(b) Address CONCORDIA MO

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof MAY (Month) 25 (Day) 1946 (Year)

(c) Place: burial or cremation CONCORDIA ST PAULS CEMETERY

18. (a) Signature of funeral director E. S. JAMES

(b) Address CONCORDIA, MO

19. (a) May 30, 1946 (Date received local registrar) Minnie E Eustabrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 25 year 1946 hour 12 minute 45 P M.

21. I hereby certify that I attended the deceased from 22 May 46, 19 45, to , 19 ; that I last saw him alive on 22 May 46, 19 46 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 da
Due to Arterio-sclerosis	unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 0

23. Signature C S Ryland MD / Jack W. Ward MD (M. D. or other)

Address Lexington, MO Date signed 27 May 46

156 (Licensed Embalmer's Statement on Reverse Side)

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

16032

RECEIVED
District Health Officer No. 8

District File Number

Date Filed 6-6-46

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 2058

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.