

S. No. 2
M-5-43
7. 5-17-39
P I X36671

FILED JUN 21 1946

Registration District No. 138 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: Freeman Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
 In this community 46 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jasper
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1912 Sergeant,
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Harry John Krugg
 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 W.
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 13, 1946
 (Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
80 3 11 hr. min.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April 24,
 year 1946 hour 5 minute 30 P M.
 21. I hereby certify that I attended the deceased from April 24
 1946 to April 24, 1946
 that I last saw him alive on April 24, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure Duration 24 hrs
 Due to Chronic myocarditis over one year
 Due to _____

9. Birthplace Logansport Indiana
 (City, town, or county) (State or foreign country)
 10. Usual occupation _____
 11. Industry or business Retired Mining Engineer
 MOTHER FATHER { 12. Name Unknown
 13. Birthplace _____
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace _____
 (City, town, or county) (State or foreign country)
 16. (a) Informant Mr. Morton Krugg
 (b) Address 1912 Sergeant, Joplin, Mo.
 17. (a) Burial (b) Date thereof 4-26-46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Hope Cemetary,
Parker-Hunsaker
 18. (a) Signature of funeral director _____
 (b) Address 1502 Joplin, Joplin, Mo.
 19. (a) 5/21/46 (b) Ed Steiner
 (Date received local Registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations 938
 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 Ed Steiner (M. D. or other) _____
 Address Joplin Mo Date signed 5-14-46

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

10000

138

46-5-443

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. 2519
P. O. Address Josephine 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.