. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 22 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26545

Registration District No. 59 Primary Registration District No. 4102 Registrar's No. 120

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Crughton (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 30 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass 14

(c) City or town Crughton 0 (If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME Martha E Kueck

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 married

6. (b) Name of husband or wife Fred H Kueck

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

7. Birth date of deceased June (Month) 17 (Day) 1867 (Year)

8. AGE: Years 79 Months 1 Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Diedrich Roepe

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

MOTHER
14. Maiden name Regina Frerking
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Miss Minnie Kueck

(b) Address Crughton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 6 (Day) 1946 (Year)

(c) Place: burial or cremation Concordia Mo.

18. (a) Signature of funeral director Hobart Arnold

(b) Address Crughton Mo.

19. (a) Aug. 15-1946 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5th year 1946 hour 9:00 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 5th, 1946 to only 1, 1946 that I last saw her alive on August 5, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Dilated Heart	?
Due to Asthma Cardiac	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 95 C

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 J. G. McDonald (M. D. or other)

Address Urich Mo Date signed 8-15-46

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

25391

51

(Licensed Embalmer's Statement on Reverse Side)

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 Hobart Arnold

Licensed Embalmer No. 3621

P. O. Address Creighton 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.