

S. No. 2
FORM-5-43
Rev. 5-17-39
I X3687

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27558

State File No. _____

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Johnson

(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
202 W. Gay
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 2 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Cook ⁹⁹⁹

(c) City or town Chicago ¹¹
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No) ²¹
If yes, name country _____

3. (a) PRINT FULL NAME William S. Kroschen

3. (b) If veteran, name war _____

3. (c), Social Security No. 326-03-9411

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 9
year 1946 hour 5 minute W.P. M.

21. I hereby certify that I attended the deceased from _____
_____ 1946 to 8-9 1946
that I last saw him alive on 8-9 and that death occurred on the date and hour stated above. 8-9 1946

4. Sex Male **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 May 23 1902
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion **Duration** 8 mo.

Due to _____

Due to _____

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

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>2</u>	<u>16</u>	_____ hr. _____ min.

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

10. Usual occupation Gift Buyer, Sears Roebuck & Co.

11. Industry or business _____

12. Name August E. Kroschen

13. Birthplace Morgan County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Homan

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

16. (a) Informant Mrs. Mildred Parsons

(b) Address Warrensburg, Missouri

17. (a) Burial (b) Date thereof Aug. 12, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton, Missouri

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) Aug. 10, 1946 (b) Lorenz Oentz
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

Signature R. Lee Cooper (M. D. or other)

Address Warrensburg Mo Date signed 8-10-46

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

MOTHER FATHER

147

(Licensed Embalmer's Statement on Reverse Side)

SEP 30 1946

SEP 11 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..... *K.P.M. Leary*

Licensed Embalmer No. *3153*

P. O. Address *Sedalia 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.