

S. No. 2
DM-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37748**

Registration District No. **208**

Primary Registration District No. **4320**

Registrar's No. **47**

1. PLACE OF DEATH:

(a) County **Marion**

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

(c) Name of hospital or institution: **214 Jefferson**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **56 years** (Specify whether years, months or days)

In this community **56 years**

3. (a) PRINT FULL NAME **Caroline Ann Kroeger**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No.**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **John H. Kroeger**

6. (c) Age of husband or wife if alive, years **14 1869**

7. Birth date of deceased **March** (Month) (Day) (Year)

8. AGE: Years **77** Months **7** Days **9** If less than one day hr. min.

9. Birthplace **Adams County Illinois** (City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER

12. Name **Bernard Mass**

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

14. Maiden name **No record**

15. Birthplace **No record** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Emmett Powell**

(b) Address **Palmyra, Missouri**

17. (a) **Burial** (b) Date thereof **10/26/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Joseph Cemetery**

18. (a) Signature of funeral director **Louis Brose**

(b) Address **Palmyra, Mo.**

19. (a) **10-28-46** (b) **Louis Brose**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion**

(c) City or town **Palmyra**
(If outside city or town limits, write "RURAL")

(d) Street No. **313 N. MAIN**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **23**
year **1946** hour **9** minute **20** p. M.

21. I hereby certify that I attended the deceased from **Oct 1**
9 19 **46** to **Oct 23** 19 **46**
that I last saw her alive on **Oct 23** 19 **46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **AKA**

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) (c) Means of injury

23. Signature **J. K. Hill M.D.** (M. D. or other)
Address **Palmyra Mo.** Date signed **10/26/46**

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

35565

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..... *Leopold Lewis*.....

Licensed Embalmer No. *9382*.....

P. O. Address. *Palmyra 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.