

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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1947
Registration District No. 324

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43163
Registrar's No. 3

Primary Registration District No. 3072

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Fitzgibbons Hospital
(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 Saline 97
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL") 3
(d) Street No. _____
(If rural, give location) 2
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Larry Thomas Kruse

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 Single

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

7. Birth date of deceased December 30th, 1946
(Month) (Day) (Year)

8. AGE: Years ✓ Months ✓ Days ✓ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____
11. Industry or business _____

12. Name Delbert Odes Kruse

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

14. Maiden name: Margie Louise Bratton

15. Birthplace Augusta, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant William O. Kruse

(b) Address 1267 S-English, Marshall, Mo.

17. (a) Burial (b) Date thereof Dec. 31, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salisbury, Mo.

18. (a) Signature of funeral director Complete Funeral
(b) Address Marshall, Mo.

19. (a) 1-4-47 (b) T. C. Westbrook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30
year 1946 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 30, 1946, to Dec 30, 1946
that I last saw him alive on Dec 30, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Erythroblastosis Fetalis Birth

Due to _____

Due to _____

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

Major findings: Of operations 7/6/46
Of autopsy _____

Duration

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) _____
Means of injury 71

23. Signature James A. Reed (M. D. or other) _____
Address Marshall, Mo. Date signed 12-31-46

RECEIVED

District Health Officer No. 8.

District File Number.....

Date Filed 1/11/1917

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.....
^{NOT}
....., Registered Apprentice No.....
working under my personal supervision.

Signed John H. Lewis
Licensed Embalmer No. 1171
P. O. Address Marshall - Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)
If this body is not embalmed, fact should be so stated above.