S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 20 1947

Registration District No. 10

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3002

State File No. 3852

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution: 1208 E. Jackson St. (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 Audrain 4

(c) City or town Mexico (If outside city or town limits, write "RURAL") 2

(d) Street No. 1208 E. Jackson St. (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Daniel Kraft

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Nancy Kraft

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

7. Birth date of deceased July 10, 1854 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
92	7	2	hr. min.

9. Birthplace Fairfield County, Ohio (City, town, or county) (State or foreign country) 1

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Frederick Kraft
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Sarah White
15. Birthplace (City, town, or county) Penn. (State or foreign country) 1

16. (a) Informant Mrs, Lucy Torreyson

(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 13, 47 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Earl E. Pruitt

(b) Address Mexico, Mo.

19. (a) 2/13/47 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 12 year 1947 hour 5 minute 40 A. M.

21. I hereby certify that I attended the deceased from July, 1946 to 2-12-, 1947; that I last saw him alive on 2-11-47, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio Nephritis	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131A

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 Frank Jolley (M. D. or other) M.D.

Address Mexico Mo Date signed 2/13/47

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File No. 2-47-370
Date Filed FEB 19 1947

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

Earl E. Precht, Registered Apprentice No.,

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.