

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 19 1947

Registration District No. 116

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4495

Registrar's No. 24

Primary Registration District No. 2020

1. PLACE OF DEATH:

(a) County Franklin
 (b) City or town Washington
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution H. Francis Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 22 days
 (Specify whether years, months or days)

3. (a) PRINT
FULL NAMEHERMAN KRAUSE3. (b) If veteran,
name war3. (c) Social Security
No.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Mary Borlisch Krause
 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased April 29 1871
 (Month) (Day) (Year)

8. AGE: Years 75 Months 9 Days 8
 If less than one day hr. min.

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

10. Usual occupation Hotel Owner

11. Industry or business

12. Name Herman Krause
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Minnie Borlisch
 15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Herman Krause
 (b) Address Owensville, Mo.

17. (a) Burial (b) Date thereof 2 10 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Owensville City Cemetery

18. (a) Signature of funeral director Millard H. H. Winter
 (b) Address Owensville, Mo.

19. (a) 2/9/47 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
 (c) City or town Owensville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7
 year 1947 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 16 1947 to 2-7 1947
 that I last saw alive on 2-5 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
 Due to arteriosclerotic
cardiovascular disease
 Due to 10 yrs

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy

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

23. Signature [Signature] (M. D. or other) MD
 Address Union Date signed 2-8-47

99 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed FEB 18 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 Me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Wilford H. N. Winter
Licensed Embalmer No. 3838
P. O. Address Quensville 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.