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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4627

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 45

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

1. **PLACE OF DEATH:**
(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wetzel Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 4 days 13 years
(Specify whether years, months or days)

2. **USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County St Clair
(c) City or town Jackson Osceola
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Perry G. Krause
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Maude Krause
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased November 19 1872 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	3	15	hr. min.

9. Birthplace Not Known (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

MOTHER / FATHER
12. Name George Krause
13. Birthplace Not Known (City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace Not Known (City, town, or county) (State or foreign country)

16. (a) Informant Maude Krause
(b) Address Osceola Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation Meadowlawn
18. (a) Signature of funeral director Osceola Home
(b) Address Osceola Mo
19. (a) 3-7-47 (Date received local registrar) (b) R R Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Mar. day 4th
year 47, hour 5 minute 20 P.M.
21. I hereby certify that I attended the deceased from Mar 4, 1947 to Mar 4, 1947
that I last saw him alive on Mar 4th, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar pneumonia	
Due to Senility, Diabetes Mellitus	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 2

23. Signature [signature] (M. D. or other) MD
Address Clinton Mo Date signed 3-4-47

1-60 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-97-226
Date Filed 3-10-47

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 [illegible]

Licensed Embalmer No. 3838

P. O. Address Quincy Ills

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.