

1. PLACE OF DEATH:

(a) County Warren

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

(c) Name of hospital or institution: 1  
(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

3. (a) PRINT FULL NAME Henry J. A. Krueger

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M

5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wilhelmina Krueger

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Jan 5 1868  
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Warrenton Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Henry Krueger

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

14. Maiden name Caroline Muehl

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

16. (a) Informant Waldo Krueger

(b) Address Wright City, Mo.

17. (a) Burial (b) Date thereof Feb. 19 - 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wright City Cen.

18. (a) Signature of funeral director Hickory #4 W Co

(b) Address Wright City Mo.

19. (a) Feb. 28 - 47 (b) Mrs. F. W. Hughes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Warren

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16  
year 47 hour 4 minute 35 P.M.

21. I hereby certify that I attended the deceased from JUNE  
1944, to FEB 1947;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Myocarditis + myocardial degeneration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Cerebral Apoplexy  
(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 Raymond A. Hughes (M.D. or other) 0  
Address Wright City Mo. Date signed 2-17-47

Duration 1 yr 7

5 min.

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

VS OCT 2 1967 SA

**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, of by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Julius J. Nieburg  
Licensed Embalmer No. 3366  
P.O. Address Wright City 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.**