

No. 2
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5-17-39
X38697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39087**

FILED NOV 19 1947
Registration District No. **206**

Primary Registration District No. **5879**

Registrar's No. **13**

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

1. PLACE OF DEATH:

(a) County **Osage**
(b) City or town **Rural Township Benton**
(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 **79 years**

3. (a) PRINT FULL NAME **Louise Pauline Krenkler**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Dr R.F. Krenkler** 6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **Nov 7 1876**
(Month) (Day) (Year)

6. AGE: Years Months Days If less than one day
70 11 16 9 hr. 15 min.

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

10. Usual occupation **House wife**

11. Industry or business _____

12. Name **William Leicher**

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

14. Maiden name **Christine Walsh**

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

16. (a) Informant **Dr R.F. Krenkler**

(b) Address **Chambers No.**

17. (a) _____ (b) Date thereof **Oct 26 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Even Cemetery Chambers no.**

18. (a) Signature of funeral director **Otto T. Stockrich**

(b) Address **Chambers No.**

19. (a) **Oct 26 47** (b) **Ester Sander**
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Osage 76**
(c) City or town **Chambers Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **23-47**
year **1947** hour **10** minute **15** A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary heart disease**

Due to **arteriosclerosis**

Due to **Hypertension**

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

Major findings: Of operations **947**
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) (e) Means of injury **Dr**

23. Signature **E. E. Giffen D.O.** (or other) _____

Address **Chambers No.** Date signed **10/24/47**

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11-18-47

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, ~~only~~.....

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

Signed Otto T. Stocksick.....

Licensed Embalmer No. 1902.....

P. O. Address Chamois, 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.