

FILED APR 8 1948

State File No. \_\_\_\_\_

Registration District No. 52

Primary Registration District No. 5781

Registrar's No. 2B

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Rural Apple creek  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2 miles south east Friedheim  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether  
In this community 45 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 miles S.E. Friedheim  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME AUGUST G. KYOMANN

3. (b) If veteran, name war ✓ 3. (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 Cora Kromann 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased Nov. 9 1874  
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 17 If less than one day hr. ✓ min.

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

10. Usual occupation farming

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

MOTHER FATHER { 12. Name George Kromann  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Esther Perzel  
15. Birthplace Jackson Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora Kromann  
(b) Address Friedheim, Mo.

17. (a) Burial (b) Date thereof 3-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedheim, Mo.

18. (a) Signature of funeral director J. G. Smith

(b) Address Friedheim, Mo.

19. (a) 3-30-48 (b) D. E. Seiber  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26  
year 1948 hour 3 minute 50 A.M.

21. I hereby certify that I attended the deceased from March 19 1948 to March 25 1948  
that I last saw him alive on March 25 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 7 days

Due to H.V. Contention

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations gga  
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 0

23. Signature R. D. Blaylock M.D. (M. D. or other)  
Address Oak Ridge, Mo. Date signed 3-27-48

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

JUN 7 1948

RECEIVED

District Health Officer No. \_\_\_\_\_

District File Number 448-449

Date Filed 4-7-48

**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 Gene O. Crayth

Licensed Embalmer No. 4397

P. O. Address Jackson, 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.**