o. 2
10-39
7-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1948

Registration District No. 180

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23496

Primary Registration District No. 5673

Registrar's No. 67

1. PLACE OF DEATH:

(a) County LINCOLN

(b) City or town RURAL - MONROE TWSHP.
(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 years, months or days)

In this community 7 years

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN 57 0 3

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

(d) Street No. 7 MILE WEST OF WINFIELD
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME ADELINE KRALLMAN

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE 1

5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife FREDERICK KRALLMAN

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

7. Birth date of deceased JAN. (Month) 1 (Day) 1865 (Year)

8. AGE: Years 83 Months 6 Days 26 If less than one day hr. min.

9. Birthplace PILOT KNOB (City, town, or county) MO. (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name DAVID WUESTENEY 1
13. Birthplace — (City, town, or county) GERMANY (State or foreign country) 1

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country) 9

16. (a) Informant I. C. KRALLMAN
(b) Address WINFIELD, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation NEW BETHLEHEM - ST. LOUIS

18. (a) Signature of funeral director [illegible]
(b) Address ELSBERRY, MO.

19. (a) 7-30-48 (Date received local registrar) (b) [illegible] (Registrar's signature) 16

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 27 year 1948 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 25, 1948, to July 27, 1948, that I last saw her alive on July 27-48, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute atrophy of liver	
Due to: Chronic gall bladder disease	
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? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature Dr. H. T. Kelley (M. D. or other) DO
Address Winfield Mo. Date signed 7-30-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 2 1948

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 .....

Licensed Embalmer No. 4012

P. O. Address Elsberry, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.