

FILED AUG 10 1948

Registration District No. **294**

Primary Registration District No. **5816**

Registrar's No. **16**

1. PLACE OF DEATH:
(a) County **Marion Co**
(b) City or town **Richland Rural**
(c) Name of hospital or institution **2 miles East of Smithton**
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution **50 years** (Specify whether years, months or days)
In this community **50 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Marion Co**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **2 miles East of Smithton**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **David H Kruse**
3. (b) If veteran, name war **none**
3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Dec 25 - 1869**
(Month) (Day) (Year)

8. AGE: Years **79** Months **7** Days **8** If less than one day _____ hr. _____ min.

9. Birthplace **Marion Co MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

MOTHER FATHER
11. Industry or business _____
12. Name **John H Kruse**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **do not know**
15. Birthplace **do not know**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward Jaeger**
(b) Address **Smithton MO**

17. (a) **Burial** (b) Date thereof **Aug 4-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Smithton Cemetery**

18. (a) Signature of funeral director **A. F. Neuninger**
(b) Address **Smithton Mo**

19. **Aug 4th 1948** (b) **W. L. Rippinger**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **2nd**
year **1948** hour **10** minute **00** P. M.
21. I hereby certify that I attended the deceased from **4 July**
19**48**, to **2 Aug** 19**48**
that I last saw him alive on **2 August** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**
Due to **Arteriosclerosis, generalized**
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: **—**
Of operations **—**
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? **—**
(Specify type of place) _____
While at work? **—** (c) Means of injury **—**
23. Signature **W. S. Seegal M.D.** (M. D. or other) _____
Address **Smithton Mo** Date signed **3 Aug 48**

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

070

RECEIVED

District Health Officer No. 7;

District File Number 7-48915

Date Filed 8-9-48

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..... *A. F. Henniger*

Licensed Embalmer No. 3912

P. O. Address..... *Smithton Pa*

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.