

FILED DEC 2 1948

State File No. ....

Registration District No. 178

Primary Registration District No. 5439

Registrar's No. 9

## 1. PLACE OF DEATH:

(a) County Gasconade  
 (b) City or town Rural Canaan Twp.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Owensville Route 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 months  
 (Specify whether years, months or days)  
 In this community 6 months  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Richard Krone3. (b) If veteran, name war \*\* 3. (c) Social Security No. \*\*4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Theresa Fisher Krone 6. (c) Age of husband or wife if alive 73 years7. Birth date of deceased June 16 1881  
(Month) (Day) (Year)8. AGE: Years 67 Months 5 Days 3 If less than one day hr. min.9. Birthplace Owensville Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business

12. Name Henry Krone 413. Birthplace Germany  
(City, town, or county) (State or foreign country)14. Maiden name Christina Carroll15. Birthplace U.S.A.  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Theresa Krone(b) Address Owensville, Mo.17. (a) Burial (b) Date thereof 11-24-'48  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation City Cem. Owensville(c) Signature of funeral director Harvey Frahle(b) Address Owensville, Mo.19. (a) 11-27-48 (b) Donnelly Neekman  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37  
 (c) City or town Rural Owensville - Route 3  
 (If outside city or town limits, write "RURAL") (If rural, give location)  
 (d) Street No. Owensville - Route 3  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19  
year 1948 hour 9 minute P.M.21. I hereby certify that I attended the deceased from 11-19 to 11-19 (only) 1948  
that I last saw him alive on 11-19 1948  
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Thrombosis Duration 20 min.

Due to

Due to

Other conditions None  
(Include pregnancy within 3 months of death)Major findings: None 9/40  
Of operations NoneOf autopsy None

## 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 023. Signature Paul A. Brown (M. D. or other) MDAddress Owensville, Mo. Date signed 11-21-48

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed DEC 1 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 *Harvey Kable*  
Licensed Embalmer No. *4596*  
P. O. Address *Owensville, 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.