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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 10 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40796

Registration District No. 209 — Primary Registration District No. 5760 — Registrar's No. 56

1. PLACE OF DEATH:
(a) County Marion Co
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: — 3
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Adams 999
(c) City or town Quincy 11
(If outside city or town limits, write "RURAL")
(d) Street No. — 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALVIN RAYMOND KRAUTH
3. (b) If veteran, name war World War 2
3. (c) Social Security No. 357-10-7371
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased June (Month) 18 (Day) 1919 (Year)

8. AGE: Years 29 Months 6 Days 4 If less than one day hr. min.

9. Birthplace Quincy Ill (City, town, or county) (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Fairmount Bakery
FATHER
12. Name Arthur L Krauth
13. Birthplace Quincy Ill (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Minnie Harrison
15. Birthplace Ill (City, town, or county) (State or foreign country)
16. (a) Informant Neal Gehnder
(b) Address Quincy Ill
17. (a) Burial Fairmount (Burial, cremation, or removal) (b) Date thereof 12-29 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Greenmount Quincy Ill
18. (a) Signature of funeral director E. J. Sprague
(b) Address Palmyra Mo
19. (a) 1-7-1949 (Date received local registrar) (b) Viola Geer (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22 year 1948 hour 3 minute 45 P.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 Verdict of Jury From a Collision between
Due to a Ford Trailor Truck and Dodge panel truck said
Due to Alvin Krauth died from a Broken Neck received in a
Other conditions unavoidable accident
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

170 C 8 2

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) 64
(b) Date of occurrence
(c) Where did injury occur? On High Way 24 East Boylan Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature James O'Donnell (M. D. or other) Coroner
Address Hannibal Mo Date signed 12-29-49

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 1949

JAN 10 1949

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 Eugene D. Sprague

Licensed Embalmer No. 3245

P. O. Address Palmyra 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, fact should be so stated above.