

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33183

State File No.

42

Registrar's No.

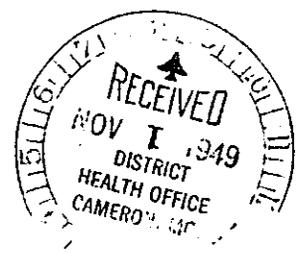
BIRTH NO. _____		REG. DIST. NO. <u>46</u>		PRIMARY REG. DIST. NO. <u>4063</u>		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)			
a. COUNTY <u>Caldwell</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Caldwell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamilton</u>		c. LENGTH OF STAY (in this place) <u>20 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hamilton</u>		13	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home in west Hamilton</u>				d. STREET ADDRESS (If rural, give location) <u>110 No. Willis St</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>George</u>		b. (Middle) _____		c. (Last) <u>Kromeich</u>		(Month) (Day) (Year) <u>Oct 23, 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan. 26 1887</u>	
9. AGE (in years last birthday) <u>62</u>		10. MONTHS <u>8</u>		11. DAYS <u>27</u>		12. HOURS <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life when retired) <u>Farmer - Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Graymer Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Albert Kromeich</u>		13b. MOTHER'S MAIDEN NAME <u>Anna White</u>		14. NAME OF HUSBAND OR WIFE <u>Leah Kromeich</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>World War I 7</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Leah Kromeich</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure.</u>				<u>3 hrs</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<u>10 yrs +</u>	
		DUE TO (b) <u>Valvular Heart Disease.</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS				<u>410X</u>	
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept 10, 1949</u> , to <u>Oct. 23, 1949</u> , that I last saw the deceased alive on <u>Oct. 23, 1949</u> , and that death occurred at <u>10:45 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Newt B. Booth</u>				23b. ADDRESS <u>Hamilton Mo</u>		23c. DATE SIGNED <u>10/26/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct 26 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hoptelead</u>		24d. LOCATION (City, town, or county) (State) <u>Hamilton Mo</u>	
DATE REC'D BY LOCAL REG. <u>10/26/49</u>		REGISTRAR'S SIGNATURE <u>Gladys Jones</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Mrs. Frances Home</u>		ADDRESS <u>Hamilton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 22 1949

NOV 22 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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed *[Handwritten Signature]*

Licensed Embalmer No. *2052*

P. O. Address *Sanilton W*

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.