

FILED MAY 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14167

6002 State File No. 2002 Registrar's No. 18

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY **Ralls**

b. CITY (If outside corporate limits, give RURAL and give township)  
**Rip, Perry, Missouri**

c. LENGTH OF STAY (in this place)  
**5 mos.**

c. CITY (If outside corporate limits, give RURAL and give township)  
**Rip, Perry, Missouri**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED  
a. (First) **George** b. (Middle) **Thomas** c. (Last) **Kriegbaum**

4. DATE OF DEATH (Month) (Day) (Year)  
**April 10, 1950**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **August 22, 1871** 9. AGE (In years last birthday) **79** 10. MONTHS **7** 11. YEARS **18** 12. IF UNDER 18, Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Farmer - Retired**

10b. KIND OF BUSINESS OR INDUSTRY  
**Farm**

11. BIRTHPLACE (State or foreign country)  
**Boke County, Missouri**

12. CITIZEN OF WHAT COUNTRY?  
**U.S.A.**

13a. FATHER'S NAME **Jacob Riley Kriegbaum** 13b. MOTHER'S MAIDEN NAME **Mary Jane Goodnight** 14. NAME OF HUSBAND OR WIFE **Virginia Paer Kriegbaum**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **none** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Ellen Angle, Des Palos, California** ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Nephritis**

ANTECEDENT CAUSES  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **FF Influenza**  
DUE TO (c) **Senility**

II. OTHER SIGNIFICANT CONDITIONS  
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  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **4-7**, 1950, to **4-10**, 1950, that I last saw the deceased alive on **4-10**, 1950, and that death occurred at **4 P.** m., from the causes and on the date stated above.

23a. SIGNATURE **E. T. Swan** (Deputy or title) **D.O.** 23b. ADDRESS **Perry, Missouri** 23c. DATE SIGNED **4/13/1950**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **4/13/50** 24c. NAME OF CEMETERY OR CREMATORY **Wolf Cemetery** 24d. LOCATION (City, town, or county) (State) **Perry, Missouri**

DATE REC'D BY LOCAL REG. **4/13/50** REGISTRAR'S SIGNATURE **Clyde W. Wick** 25. FUNERAL DIRECTOR'S SIGNATURE **Clyde W. Wick** ADDRESS **Perry, Missouri**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 18 1950  
District Health Officer No. \_\_\_\_\_  
District File Number 4-57  
Date Filed APR 18 1950

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 Embalmer No. ....

Signed

*Clyde C. Wilkey*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3826

P. O. Address Perry, 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.