No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27235

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 347

480
1

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blue
c. LENGTH OF STAY (in this place): 39 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence, RR 1, N. River Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence Rural (Blue)
d. STREET ADDRESS (If rural, give location): RR 1, North River Rd. 0480

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Wm.
c. (Last): Kruse

4. DATE OF DEATH (Month) (Day) (Year): Aug. 31, 1950

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 14, 1869
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (State or foreign country): Macomb, Ills.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Geo. W. Kruse
13b. MOTHER'S MAIDEN NAME: Agnes McCann
14. NAME OF HUSBAND OR WIFE: Mary M. Kruse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Mary M. Kruse, Independence, Mo

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

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral arteriosclerosis with
ANTECEDENT CAUSES — DUE TO (b): Thrombosis of middle cerebral artery
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c): Generalized arteriosclerosis
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Senility

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs; 332

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) m.
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* June 10, 1950, *to* Aug 31st, 1950, *that I last saw the deceased alive on* Aug 31, 1950, *and that death occurred at* 2 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Mo
23b. ADDRESS: Independence Mo
23c. DATE SIGNED: 9-1-50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9/2/50
24c. NAME OF CEMETERY OR CREMATORY: St. Marys (Woodlawn)
24d. LOCATION (City, town, or county) (State): Independence, Mo.

DATE REC'D BY LOCAL REG.: Sept. 1-1950
REGISTRAR'S SIGNATURE: James A. Seale 354 70
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Geo. C. Carson, Independence, Mo.

(Licensed Embalmer's Statement on Reverse Side)

SEP 5 REC'D

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 ..... Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Harold E. Hoadley

Licensed Embalmer No. 4609

P. O. Address Independence, 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.