S. No. 300
10.48

STANDARD CERTIFICATE OF DEATH

FEB 4 1952

State File No. 580

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5462 Registrar's No. 98

1. PLACE OF DEATH
a. COUNTY GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield, Rural Franklin
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt. 1 Springfield

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY GREENE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield, Rural, Franklin Twp
d. STREET ADDRESS (If rural, give location) Route #1 Franklin Township

3. NAME OF DECEASED (Type or Print) a. (First) LOUIS b. (Middle) CHRISTIAN c. (Last) KRASSER

4. DATE OF DEATH (Month) Feb. (Day) 1 (Year) 1952

5. SEX MALE 0

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1

8. DATE OF BIRTH 17 August 1874

9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months 7 Days 14 — IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Germany 4

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Christopher Krasser

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Anna Hulda Krasser

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. No

17. INFORMANT'S SIGNATURE OR NAME Anna Krasser ADDRESS RFD#1 Springfield, 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 Days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) Cardio-Renal-Vascular Disease

DUE TO (c)

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 442X

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* _____, 1950, *to* 2-1, 1952, *that I last saw the deceased alive on* 1-31, 1954 *and that death occurred at* 1:50A *m., from the causes and on the date stated above.*

23a. SIGNATURE Max Vitel 0 (Degree or title) MD.

23b. ADDRESS Springfield Mo

23c. DATE SIGNED 2-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0

24b. DATE 2-3-52

24c. NAME OF CEMETERY OR CREMATORY Greenlawn

24d. LOCATION (City, town, or county) Springfield, (State) Missouri

DATE REC'D BY LOCAL REG. 2-1-52

REGISTRAR'S SIGNATURE James R. Amos, MD 46X-0 [illegible]

25. FUNERAL DIRECTOR'S SIGNATURE J.W.Klingner & Co. ADDRESS Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 William B. Cantrell

Licensed Embalmer No. 4820

P. O. Address Springfield

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.