

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44314

State File No.

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 203	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, write RURAL and give town) Nevada		c. LENGTH OF STAY (in this place) 66 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Nevada		1482	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada City Hospital				d. STREET ADDRESS (If rural, give location) 908 S. Main St.			
3. NAME OF DECEASED (Type or Print) a. (First) Henry		b. (Middle) Kraft		c. (Last) Kraft		4. DATE OF DEATH (Month) (Day) (Year) 12-29-52	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb. 13, 1886	
9. AGE (In years last birthday) 66		10. KIND OF BUSINESS OR INDUSTRY Wholesale-Grocer		11. BIRTHPLACE (City and State or Foreign Country) Vernon Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Wholesale-Grocer		11. BIRTHPLACE (City and State or Foreign Country) Vernon Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Kraft		13b. MOTHER'S MAIDEN NAME Anna Felger		14. NAME OF HUSBAND OR WIFE Pauline Kraft			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 499-14-8623		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pauline Kraft, Nevada, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary insufficiency DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 10 hrs 1 wk	
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 7 hrs , 1946 , to 29 Dec, 1952 , that I last saw the deceased alive on 27 Dec, 1952 , and that death occurred at 5:20 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Raymond Pearson (Degree or title)				23b. ADDRESS Nevada Mo		23c. DATE SIGNED 12/29/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-31-52		24c. NAME OF CEMETERY OR CREMATORY Deepwood		24d. LOCATION (City, town, or county) (State) Nevada, Mo.	
DATE REC'D BY LOCAL REG. 12-31-52		REGISTRAR'S SIGNATURE Anna E. Ferris		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Eichinger Funeral Home, Nevada, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 16 1953

JUN 21 1955

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

Percy F. Milster

Licensed Embalmer No. 4805

P. O. Address Nevada, 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.