

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 80 PRIMARY REG. DIST. NO. 4142 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Russellville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Russellville</u>	
c. LENGTH OF STAY (In this place) <u>36 years</u>		d. STREET ADDRESS (If rural, give location) <u>0260</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. FULL NAME OF HOSPITAL OR INSTITUTION	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frederick</u> b. (Middle) <u>Kraus</u> c. (Last)	4. DATE OF DEATH (Month) <u>7</u> (Day) <u>22</u> (Year) <u>1954</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>April 1, 1880</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>21</u>
--------------------	-------------------------------	-----------------------------------------------------------------------	---------------------------------------	-------------------------------------------	---------------------------------------------------	---------------------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>a helper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>a helper</u>	11. BIRTHPLACE (State or foreign country) <u>Near Lohman, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
-------------------------------------------------------------------------------------------------------------	---------------------------------------------------	-------------------------------------------------------------------	-------------------------------------------

13a. FATHER'S NAME <u>Conrad Kraus</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Huettenmeyer</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Pauline Kraus</u>
----------------------------------------	----------------------------------------------------	------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>490-09-4907</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Pauline Kraus-Russellville</u>	ADDRESS <u>Mo</u>
--------------------------------------------------------------------------------------------------------------------	--------------------------------------------	-------------------------------------------------------------------------	-------------------

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 <u>48 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) <u>Chronic Arteriosclerosis</u>		
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 <u>4-46x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 Feb. 1942 to July 22, 1954, that I last saw the deceased alive on July 22, 1954, and that death occurred at 3:05 AM from the causes and on the date stated above.

23a. SIGNATURE <u>E. M. Eberhard</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Russellville</u>	23c. DATE SIGNED <u>7/23/54</u>
--------------------------------------	-------------------------------	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-24-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran</u>	24d. LOCATION (City, town, or county) (State) <u>Russellville, Mo.</u>
---------------------------------------------------------	--------------------------	------------------------------------------------------------	------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>July 24</u>	REGISTRAR'S SIGNATURE <u>Mrs. Minnie Huettenmeyer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. N. Schuber</u>	ADDRESS <u>Russellville</u>
-----------------------------------------	-------------------------------------------------------	-------------------------------------------------------	-----------------------------

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

260

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. 2870

working under my personal supervision.

Student
Student Embalmer

Signed H. W. Schubert

Licensed Embalmer No. 2870

P. O. Address Russellville

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.