

FILED AUG 8 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. **21503**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **70** PRIMARY REG. DIST. NO. **5281** Registrar's No. **33**

1. PLACE OF DEATH a. COUNTY <b>CLARK</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CLARK</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL MADISON TP. 2 1/2 MO</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WAYLAND</b> <b>0230</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DUNN'S BOARDING HOME</b>		d. STREET ADDRESS (If rural, give location) <b>Madison Township</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ANNA</b>	b. (Middle) <b>R</b>	c. (Last) <b>KRUEGER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 3, 1955</b>
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>FEBRUARY 11, 1888</b>	9. AGE (In years last birthday) (Specify) Months Days Hours Min. <b>67</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOMEMAKER</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>ALEXANDRIA MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>HERMAN RISSER</b>	13b. MOTHER'S MAIDEN NAME <b>LOUISA BANK</b>	14. NAME OF HUSBAND OR WIFE <b>CHARLES H. KRUEGER</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Ralph Hill</b>	ADDRESS
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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, asphyxia, 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) <b>CEREBRAL HEMORRHAGE</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <b>331X</b>		
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 <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **7-2-1955**, to **8-3-1955**, that I last saw the deceased alive on **8-3-55**, 19\_\_\_\_, and that death occurred at **4:30 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. E. Channing</b>	23b. ADDRESS <b>Nashoka MO</b>	23c. DATE SIGNED <b>8-4-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>AUG 5, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OAKLAND</b>	24d. LOCATION (City, town, or county) (State) <b>KEOKUK IOWA</b>
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DATE REC'D BY LOCAL REG. <b>8/4-55</b>	REGISTRAR'S SIGNATURE <b>J. B. Bridgman</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Calderhill</b>	ADDRESS <b>KEOKUK IOWA</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0230

OCT 21 1955

MAR 23 1950

OCT 3 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 Carl Schmitt

Licensed Embalmer No. 3558

P. O. Address KEOKUK IOWA

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.