

STANDARD CERTIFICATE OF DEATH

FILED AUG 16 1956

Health, Welfare, Public Service

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Michigan b. COUNTY Muskegon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fort Leonard Wood, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Muskegon, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION US Army Hospital Length of stay in lb 40 Min.		d. STREET ADDRESS 2245 Harrison St. (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MIDDLE LAST JAMES LAURIN KRAUSS			4. DATE OF DEATH Month Day Year Aug 8 1956		
5. SEX Male	6. COLOR OR RACE Cau	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11 Feb 34		9. AGE (In years last birthday) 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		10b. KIND OF BUSINESS OR INDUSTRY US Army	11. BIRTHPLACE (City and state or country) Muskegon, Michigan		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William J. Krauss			14. MOTHER'S MAIDEN NAME Aline Marie (Unknown)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 13 Jul 56 to Present		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Robert T. Burbeck, CWO, USA		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heat Stroke		INTERVAL BETWEEN ONSET AND DEATH 40 Min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b)		
DUE TO (c)		9319
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		46
		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour - Month, Day, Year a. m. p. m. Aug 8 56		
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE Ft Leonard Wood 065 Pulaski Missouri

21. I attended the deceased from on August 8, 1956 to \_\_\_\_\_ and last saw her/him alive on August 8, 56  
Death occurred at 3:55 P. M. \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James B. White, Capt, MC	22b. ADDRESS USAN, Ft. Leonard Wood, Mo.	22c. DATE SIGNED 8 August 56
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8-9-56	23c. NAME OF CEMETERY OR CREMATORY Muskegon	23d. LOCATION (City, town, or county) (State) Muskegon Michigan
24. FUNERAL DIRECTOR Hedger Coecker, Missouri	ADDRESS 8-8-56	25. DATE RECD. BY LOCAL REG. 8-8-56	26. REGISTRAR'S SIGNATURE Paula J. Anderson

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED 8-11-56  
Pulaski County Health Officer  
File Number 103  
Date Filed 8-8-56

8-11-56

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.....  
Signature of Student Embalmer

Signed *Clarence Cross*

Licensed Embalmer No. 48

P. O. Address *Waynesville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.