

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7480

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 341

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Rural: Washington Twp.</b>		c. LENGTH OF STAY (in this place) <b>5 years</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Littler Nursing Home</b>		e. STREET ADDRESS (If rural, give location) <b>1/2 mile north of St. Joseph, Mo. Littler Nursing Home</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Mary</b>	b. (Middle) <b>Kathryn Catherine</b>	c. (Last) <b>Kraus</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 27, 1952</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>October 2, 1873</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (State or foreign country) <b>St. Joseph, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Sommerhauser</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Marie Heibel</b>	14. NAME OF HUSBAND OR WIFE <b>Joseph Kraus</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. ---	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Howard Kraus</b>	ADDRESS <b>King City, Missouri</b>
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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, asthma, 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>Cardiac Asthma</b>		<b>2 years</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bronchial Asthma</b>		<b>10 years</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 checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE BOMICIDE (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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22a. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	22b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	22c. HOW DID INJURY OCCUR?
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2. I hereby certify that I attended the deceased from Mar. 27, 1952 to Mar. 27, 1952, that I last saw the deceased alive on Mar. 27, 1952, and that death occurred at 10:52 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John S. Swails, M.D.</b>	23b. ADDRESS <b>Washington, Mo.</b>	23c. DATE SIGNED <b>3/28/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>3/29/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Buchanan County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>April 2, 1952</b>	REGISTRAR'S SIGNATURE <b>Carl C. Cash</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hester-Brown Funeral Home - St. Joseph, Mo.</b>	ADDRESS
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WRITES PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

110

Copy by off

OCT 6 1890

**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 Spalding*

Licensed Embalmer No. 4535

P. O. Address 319 S. 10th St. Joseph, 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

7480-52

State of Missouri ss.

State File No. 7480-52

County of Buchanan AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 341

On this 26 day of September, 1955, before me appears Howard J. Kraus, who, upon his oath, states that the original record of <sup>birth</sup> death for Mary Catherine Kraus, died ~~born~~ March 27, 1952, in the State of Missouri, and which was filed at St. Joseph on Apr. 2, 1952 should be corrected as follows:

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. 3 should read Mary Kathryn Kraus

Instead of Mary Catherine Kraus

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Howard J. Kraus Son Relationship.  
King City Mo Present Address.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 195\_\_\_\_\_

My Commission expires Nov 3, 1956 J. P. Belmont Notary Public.

