

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH35404  
State File No. 40260  
FILED NOV 2-1953

REG. DIST. NO. 77

PRIMARY REG. DIST. NO. 5305

Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Rural-Liberty Twnshp		c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 75yrs		e. STREET ADDRESS (If rural, give location) R.R.#3, Jefferson City, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R.3 - Jefferson City			
3. NAME OF DECEASED (Type or Print) John		a. (First) John	b. (Middle) A.
c. (Last) Kraus		4. DATE OF DEATH (Month) (Day) (Year) Oct 28 1953	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Mar-18-1878
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and State or Foreign Country) Cole County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Peter Kraus	
14. MOTHER'S MAIDEN NAME Sophia Kiesling		15. NAME OF HUSBAND OR WIFE Anna Kraus	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. SOCIAL SECURITY NO. None	
18. INFORMANT'S SIGNATURE OR NAME Oscar Kraus, R.R.#3, Jefferson City, Mo		ADDRESS	
19. MEDICAL CERTIFICATION			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. ACCIDENT SUICIDE HOMICIDE (Specify)		19d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
19e. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		19f. HOW DID INJURY OCCUR?	
19g. TIME OF INJURY (Month) (Day) (Year) (Hour)		19h. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20. I hereby certify that I attended the deceased from 10/24, 1951, to 10/28, 1951, that I last saw the deceased alive on 10/28, 1951, and that death occurred at 7P m., from the causes and on the date stated above.			
21. SIGNATURE (Degree or title) R. P. Harris MD		22. ADDRESS Jefferson City, Mo.	
23. DATE SIGNED 10/29/53		24. DATE Oct-30-1953	
25. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		26. LOCATION (City, town, or county) (State) Jefferson City, Mo	
27. DATE REC'D BY LOCAL REG. Oct 31-53		28. REGISTRAR'S SIGNATURE R. P. Harris MD	
29. FUNERAL DIRECTOR'S SIGNATURE R. P. Harris MD		30. ADDRESS Jefferson City, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

C

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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

Licensed Embalmer No. 1786

P. O. Address Jefferson City

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.