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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 9 1943

Registration District No. 2

Primary Registration District No. 5016

State File No.

Registrar's No. 13

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

2 0 0

1. PLACE OF DEATH:

(a) County Andrew,

(b) City or town Rural, Monroe,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
R.F.D.# 1, Cosby, Missouri, /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 76 yrs. 7 mos. 15days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Andrew, 2 0

(c) City or town Rural
(If outside city or town limits, write "RURAL") 0

(d) Street No. R.F.D.# 1,, Cosby, Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Louis F. Krull,

3. (b) If veteran, name war None,

3. (c) Social Security No. None,

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced / Married,

6. (b) Name of husband or wife Virginia Krull,

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June 15th. 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month January day 30th.
year 1943. hour 5:00 minute p. M.

21. I hereby certify that I attended the deceased from Jan 20, 1943, to Jan 30, 1943; that I last saw him alive on Jan 28, 1943 and that death occurred on the date and hour stated above.

Duration
Immediate cause of death Mutral Stenosis
+ aortic Insufficiency
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

	8. AGE: Years	Months	Days	If less than one day
	76	7	15	hr. min.

9. Birthplace Andrew County, Missouri, 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer,

11. Industry or business Farm,

FATHER 12. Name William Krull, 4

13. Birthplace Unknown, Germany,
(City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Hannah Theis, 0

15. Birthplace Unknown, Missouri,
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Louis F. Krull

(b) Address R.F.D.# 1, Cosby, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/43 (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Memorial Park Cemetery, St. Joseph, Mo.

18. (a) Signature of funeral director Frank A. Bowman

(b) Address Savannah, Missouri,

19. (a) 2-3-43 (Date received local registrar) (b) F H Fritchman (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature A. H. Kelley D (M. D. or other)

Address Savannah Mo. Date signed Feb 9 1943

1012 (Licensed Embalmer's Statement on Reverse Side)

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~~ .....

1/30/43 , Registered Apprentice No. ✓ ,

working under my personal supervision.

Signed Harold L Bowman

Licensed Embalmer No. 3619

P. O. Address 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.