

FILED JUL 19 1948

Registration District No. **166**

Primary Registration District No. **4254**

Registrar's No. **4**

1. PLACE OF DEATH:

(a) County **Johnson**  
(b) City or town **Knob Noster**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **none**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **none**  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**  
(c) City or town **Knob Noster**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? **Yes** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **ANNA MARTHA CROLL**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **none**

4. Sex **Fem.** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, widow **2 divorced, widow**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive **11** years **1859** (Day) (Year)

7. Birth date of deceased **July** (Month) **11** (Day) **1859** (Year)

8. AGE: Years **88** Months **11** Days **19** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Germany** (City, town, or county) (State or foreign country)

10. Usual occupation **house-wife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **William Prentzell**  
13. Birthplace **Germany** (City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant **Miss Anna Croll**  
(b) Address **Knob Noster, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7-5-48** (Month) (Day) (Year)  
(c) Place: burial or cremation **Knob Noster cemetery**

18. (a) Signature of funeral director **W. Raymond Baker**  
(b) Address **Knob Noster, Missouri**

19. (a) **July 5, 1948** (Date received local registrar) (b) **Erma L. Beatty** (Registrar's signature) **7/11/48**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **12** year **1948** hour **12** minute **30** P.M.

21. I hereby certify that I attended the deceased from **June 25** 1948 to **July 3** 1948  
that I last saw her alive on **July 3** 1948 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction** Duration **4**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **Chronic Myocarditis**  
(Include pregnancy within 3 months of death)

Major findings: Of operations  Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 **0**

23. Signature **P. W. ...** (Specify type of place) (e) Means of injury **0**  
Address **Knob Noster, Missouri** Date signed **July 5, 1948**

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.....

*W. Raymond Baker*....., Registered Apprentice No. *25*  
working under my personal supervision.

Signed..... *C. L. Saults*.....  
Licensed Embalmer No. *1086*  
P. O. Address *Knob Noster W*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**