

SOCIAL SECURITY NO.

None

If veteran, name war

None

CERTIFICATE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH
Bureau of Records and Statistics

State File No.

FULL
NAME

Frank Robert Kroger

Local File No. 5

PLACE OF DEATH:

County Eaton

Township

City or Village Vermontville

Name of hospital

(If not in hospital, give street address.)

Length of

stay: In hospital

In this community 6.3 yrs

USUAL RESIDENCE OF DECEASED:

State Mich. County Eaton

Township

City or Village Vermontville

Street No. 369 West Main

If foreign born, how long in U. S. A.? years

Sex

Male

Color or Race

White

Single, Married, Widowed
or Divorced

Married

NAME OF HUSBAND or WIFE

Name Edith Kroger Age, if alive 70

Birth date of deceased Oct 15 1863

Age: Years 82 Months 0 Days 9 If less than one day hrs. min.

Birthplace Dearborn Mich.

Usual occupation Retired

Industry or business

Father { Name Christian Kroger

Birthplace Germany

Mother { Maiden Name Lucinda Walker

Birthplace Dearborn Mich.

Informant Francis Kroger

Address Vermontville Mich.

(Burial, cremation or removal (Circle the word which applies))

Place Vermontville Mich.

Cemetery Woodlawn Date Oct. 27, 1945

Funeral director's
signature K. K. Ward

Address Vermontville Mich.

Filed Oct. 26, 1945 G. L. Birmingham

Local Registrar

MEDICAL CERTIFICATION

Date of death Oct 24th 1945

I hereby certify that I attended the deceased from Jan 6,

1944 to Oct 24, 1945 I last saw him alive on

Oct 23, 1945 Death is said to have occurred on the

date stated above at 8:50 A. M.

Immediate cause of death

Organic Heart Disease 3 yrs

Other contributory causes of importance

Major findings and dates:

Of operations

Of autopsy

In case of violence, state if accident, homicide or suicide

Date 19

Where did injury occur? (Specify city, county, or state)

In industry, home or public place?

Was disease or injury related to occupation of deceased?

Signature C. L. D. M. Laughlin M.D.

Address Vermontville Mich.

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