

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26563

3308

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township _____ Primary Registration District No. _____
City Kansas City (No. General Hospital) _____
St. _____ Ward _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

C. H. Kracaw
(a) Residence, No. 3802 E 53rd St., _____ Ward. _____
(Usual place of abode) _____ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gene M Kracaw

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 1, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
35 6 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County Iowa

13. NAME Charles F Kracaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County Iowa

15. MAIDEN NAME Furutha Davelbiss

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Dr. H. C. Barner 274 E Benton

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun Mo DATE Aug 20, 1933

19. UNDERTAKER (ADDRESS) H. P. Fagerman 7 1/2 S. 27th St. Quorum

20. FILED 8-19, 1933 M. M. Crowe Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/17/33, 19

22. I HEREBY CERTIFY that stated deceased from _____, 19. _____
I last saw him alive on _____, 19. _____ Death is said to have occurred on the day stated above at _____ m.

The principal cause of death and related causes of importance were as follows:

Cystitis, typhoid fever, fracture of the femur
rupture of liver
fracture of the femur

Other contributory causes of importance: _____

Name of operation Calhoun Date of _____

What test confirmed diagnosis Autopsy Was there an autopsy Yes

23. If death was due to external cause (violation of law), fill in also the following: Accident, suicide, or homicide. Date of injury _____

Where did injury occur 303 E. Benton St. Kansas City Mo

Specify whether injury occurred in industry, in home or in public place.

Manner of injury Automobile

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) [Signature] M. D.

(Address) [Address]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP 26 1933

DEP. COR
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