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.

JUL 1 1934

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

Do not use this space.

26677

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township Kaw — Primary Registration District No. 1002 — Registered No. 2040
City Kansas City (No. K.C. General Hosp. St. ..... Ward)

2. FULL NAME Henry Kraushwar
(a) Residence, No. 2429 Prospect St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11 1872

7. AGE: YEARS 62 — MONTHS 3 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Germany

FATHER
13. NAME Henry Kraushwar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 8

MOTHER
15. MAIDEN NAME Minnie Kuhmacher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Record Clerk K.C. Gen Hosp RCMO

18. BURIAL, CREMATION, OR REMOVAL Greenlawn DATE 6-29-34

19. UNDERTAKER (ADDRESS) Dwight & Tobin

20. FILED 6-28, 1934 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-27, 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-25, 1934 to 6-27, 1934
I last saw him alive on 6-27, 1934. Death is said to have occurred on the date stated above, at 5:25 a.m.
The principal cause of death and related causes of importance were as follows:

Ruptured Aortic Aneurysm

Date of onset

Other contributory causes of importance:

96

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) O. F. De Maria, M. D.
(Address) Asst Supt K.C. Gen Hosp RCMO