

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

43169

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. Trinity Lutheran Hospital) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

LAURA D. KRUSE

(a) Residence, No. 3510 Broadway 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

3. SEX Female 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 Herman W. Kruse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
70 0 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
 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) Kentucky

MOTHER 13. NAME No information

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information

15. MAIDEN NAME No information

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information

17. INFORMANT Herman W. Kruse
 (ADDRESS) 3510 Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cemetery DATE Dec 26 1934
crematory

19. UNDERTAKER Stine & McClure
 (ADDRESS) 3235 William St. Long

20. FILED 12/26 1934 3:17 PM
Crane Registrar

MEDICAL CERTIFICATE OF DEATH

21.-DATE OF DEATH (MONTH, DAY, AND YEAR) December 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1934 to Dec 24 1934

I last saw him alive on Dec 23 1934 Death is said to have occurred on the date stated above, at A. m. 3:20

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

Cancer Uterus and Colon
Primary in Cervix
 Other contributory causes of importance: _____

Name of operation Colectomy Date of 12/4/34
 What test confirmed diagnosis? Clinical 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? Yes
 If so, specify _____

(Signed) Arund M. Kruse, M. D.
 (Address) Western Hill
1501 W. 11th

1898
M. M.

Will Come by