WHITE 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

APR 26 1935

Do not use this space.

9205

1. PLACE OF DEATH

County JACKSON — Registration District No. 399

Township KAW — Primary Registration District No. 1002

City KANSAS CITY (No. 4004 BELLEFONTAINE St. ..... Ward)

File No. 1154

Registered No. .....

2. FULL NAME MRS. ALTA M. KRAFT

(a) Residence, No. 4004 BELLEFONTAINE St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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 STANLEY E. KRAFT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE-27-1891

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
43	8	17	

OCCUPATION

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

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) KANSAS

FATHER

13. NAME CHARLES KEENEY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISSOURI

MOTHER

15. MAIDEN NAME SARAH JONES

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LONDON ENGLAND

17. INFORMANT MR. STANLEY E. KRAFT
(ADDRESS) 4004 BELLEFONTAINE

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. MORIAH DATE MARCH-16 1935

19. UNDERTAKER D.W. NEWCOMER'S SONS
(ADDRESS) 2111 EAST 9TH ST.

20. FILED 3-16 1935 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH-14, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 11, 1935, to March 14, 1935

I last saw her alive on March 14, 1935. Death is said to have occurred on the date stated above, at 5:00 A.m.

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

	Date of onset
Cerebral apoplexy had a previous stroke about a year ago.	3-11-35
Other contributory causes of importance: Chronic Endocarditis	1933.

Name of operation None Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

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? No

If so, specify .....

(Signed) John R. Lewis, M. D.

(Address) 3546 Indiana

3548 Indiana Ave
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