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.

NOV 2 [illegible]

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

Do not use this space.

36032

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township [redacted] — Primary Registration District No. 1002 — Registered No. 4255

City Kansas City (No. Lakeside, Hospital St. Ward)

2. FULL NAME Dr. John Henry Kranichfield

(a) Residence, No. 3334 Virginia St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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 Mrs. Inez Kranichfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27 1883

7. AGE: YEARS 52 — MONTHS 8 — DAYS 11 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Osteopath
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) New York

FATHER

13. NAME Chris L Kranichfield
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER

15. MAIDEN NAME Catherine Horn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Mrs Inez Kranichfield 3334 Virginia

18. BURIAL, CREMATION, OR REMOVAL PLACE Floral Hills Cem DATE Nov 9, 1935

19. UNDERTAKER (ADDRESS) Quirk & Tobin Col 20 West Linwood

20. FILED Nov 8 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/8/35 19

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19 to ..., 19

I last saw h... alive on ..., 19 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows: Perforated gastric ulcer — Date of onset

Acute peritonitis

Other contributory causes of importance:

Name of operation Autopsy Date of

What test confirmed diagnosis? Was there an autopsy?

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) [signature], M. D.

(Address) [signature]