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V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9790

State File No.

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1224

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2415 Linwood Boulevard (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 21 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 2415 Linwood Boulevard (If rural, give location)

(e) If foreign born, how long in U. S. A.? 60 years years.

3. (a) PRINT FULL NAME Mrs. Louise M. Krueger 626

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased June 10, 1852 (Month) (Day) (Year)

8. AGE: Years 87 Months 9 Days 8 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name John Funk
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. W. E. Webster

(b) Address 2415 Linwood Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-40 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn, Kansas City, Kansas

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 W. 42nd St., K.C., Mo.

19. (a) Mch 19, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18, year 1940 hour minute M.

21. I hereby certify that I attended the deceased from Jan 1 1939 March 18, 1940 to March 18, 1940; that I last saw her alive on March 10, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	few hours
Due to Hyper tension	2 years
Due to Arteriosclerosis	2 years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Owen Krueger Phy M S (M. D. or other)

Address 220 Argyle Bldg Date signed 3/18/40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____ working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.