No. 2
1-12-40
-17-39
X23159

FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1847

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 77

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

1. PLACE OF DEATH:
(a) County: BUCHANAN
(b) City or town: ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATE HOSPITAL No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1yr 8 mo (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 3032 McGee (If rural, give location)
(e) If foreign born, how long in U. S. A.? ... years.

3. (a) PRINT FULL NAME: LENORA KRIGBAUM
3. (b) If veteran, name war: —
3. (c) Social Security No.: none
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: W. P. Krigbaum
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Oct. 19 1890 (Month) (Day) (Year)
8. AGE: Years 50 | Months 2 | Days 27 | If less than one day: hr. min.
9. Birthplace: ? (City, town, or county) Kansas (State or foreign country)
10. Usual occupation: Housewife.
11. Industry or business:
FATHER 12. Name: Russell Keith
FATHER 13. Birthplace: ? (City, town or county) Kansas (State or foreign country)
MOTHER 14. Maiden name: ?
MOTHER 15. Birthplace: ? (City, town, or county) ? (State or foreign country)
16. (a) Informant: Hospital Records
(b) Address: State Hosp. #2, St Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-18-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill
18. (a) Signature of funeral director: F. W. Wagner
(b) Address: Kansas City Mo
19. (a) 1/16/41 (Date received local registrar) (b) H. J. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan. day: 16th year: 1941 hour: 7:00 minute: P. M.
21. I hereby certify that I attended the deceased from July 1, 1940, to Jan. 16th, 1941; that I last saw her alive on Jan. 16, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar pneumonia	2 days
Due to: 30 Pa	
Due to:	
Other conditions: General Paresis (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: Kenneth Thompson (M. D. or other) D
Address: State Hosp #2 St Joseph, Mo Date signed: 1-6-4

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(Licensed Embalmer's Statement on Reverse Side)

NOV 18 1941

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 A. R. Hauschild

Licensed Embalmer No. 4159

P. O. Address Kansas City Mo

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

If this body is not embalmed, fact should be so stated above.