

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MAY 1941  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13305

State File No.

1286

Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: St. Andrew Home  
(d) Length of stay: In hospital or institution 2 yrs  
In this community 50 yrs

3. (a) PRINT FULL NAME May E. Krall  
3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex M  
5. Color or race W  
6. (a) Single, widowed, married, divorced, or widower  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive  
7. Birth date of deceased 3-31-1862

8. AGE: Years 81, Months, Days, If less than one day

9. Birthplace Clearwater, Kansas

10. Usual occupation Housewife

11. Industry or business  
12. Name Unknown Unknown  
13. Birthplace Unknown Unknown  
14. Maiden name Unknown Unknown  
15. Birthplace Unknown Unknown

16. (a) Informant's own signature  
(b) Address 2835 Fremont  
17. (a) Burial (b) Date thereof 4-2-41  
(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director W. H. Daniels  
(b) Address 644 Kansas Ave.  
19. (a) Apr 1, 1941 (b) M. M. Crowe

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. St. Andrew Home  
(e) If foreign born, how long in U. S. A.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 3-31-41, year, hour 7, minute 309 M.

21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death: 3rd Degree Burn; Body  
Due to: House Burned  
Due to:

Other conditions: 180/113  
Major findings: Of operations  
Of autopsy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident  
(b) Date of occurrence 3-31-41  
(c) Where did injury occur? KC Jackson  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place) Home  
(e) Means of injury  
23. Signature: Russell Jones (M. D. or other)  
Address: 6672nd Date signed 3-31-41

307 10 1922

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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

*Harry Bergman*

Licensed Embalmer No.

*2041*

P. O. Address

*San City Mo*

**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.**