No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27532

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 3190

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

In this community

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. 4903 East 31st Street
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs. Anna Mary Krueger

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr. Gustave H. Krueger

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased June (Month) 12 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
53	2	10	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

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

MOTHER
14. Maiden name Margaret McCleary
15. Birthplace Penn (City, town, or county) (State or foreign country)

16. (a) Informant Gustave H. Krueger
(b) Address 4903 E 31st

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 25 41 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 8/25/41 (Date received local registrar) (b) M M Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22nd year 1941 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 12 1941, to August 22 1941; that I last saw her alive on August 22 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomatosis	1 month
Due to Carcinoma of the colon	3 months
Due to	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings: Of operations Metastatic - carcinoma of lymph glands

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 Graham Asher (M. D. or other) M.D.

Address 1250 Prof. Bldg. Date signed 8-23-41

(Licensed Embalmer's Statement on Reverse Side)

Professional Funeral

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. N. C. Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address. K C 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.