

FILED JUL 9 1942

State File No.

Registrar's No.

2509

Registration District No. 399

Primary Registration District No. 1002

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. 4 wks.  
(Specify whether  
In this community. unfr  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jackson 48  
(c) City or town. Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3319 Tracy 8  
(If rural, give location) 0  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Edward F Krekel

3. (b) If veteran. name war. no 3. (c) Social Security No. 491-22-3237

4. Sex. Male 1) 5. Color or race. White 6. (a) Single, widowed, married, divorced. Married  
6. (b) Name of husband or wife. Mrs Garnett Krekel 6. (c) Age of husband or wife if alive. 39 years  
7. Birth date of deceased. Jan 24 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 5 6 hr. min.

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

10. Usual occupation  
11. Industry or business. Terminal Dock Co

MOTHER FATHER  
12. Name. Godfrey Krekel  
13. Birthplace. no record  
(City, town, or county) (State or foreign country)  
14. Maiden name. Johanna  
15. Birthplace. no record  
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Garnett Krekel  
(b) Address. 3319 Tracy  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. July 3-42  
(Month) (Day) (Year)  
(c) Place: burial or cremation. St Mary's  
18. (a) Signature of funeral director. Frank W. Owen  
(b) Address. 20 West Dunlap  
19. (a) 7-1-42 (Date received local registrar) (b) M. M. Brown  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30th day June  
year 1942 hour 2:45 minute P M.

21. I hereby certify that I attended the deceased from  
19 to June 30 1942  
that I last saw him alive on June 30  
and that death occurred on the date and hour stated above.

Immediate cause of death. Tofic Myocarditis  
Duration

Due to. Empyema  
Due to. Pneumonia TB.  
Broncho Pleural fistula  
Other conditions. (Include pregnancy within 3 months of death) 13B'

Major findings:  
Of operations  
Of autopsy. as stated.  
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?

While at work (Specify type of place) (c) Means of injury  
23. Signature. Thomas K. Kiper MD (M. D. or other)  
Address. 244 W. 11th St. Bldg Date signed July 1, 1942

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

me

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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 *Charles M. Quirk*

Licensed Embalmer No. *3774*

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, fact should be so stated above.**