

FILED JUL 27 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2727

48 and
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: 25 E 33rd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days) 3 1/2 mo

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. 25 E 33
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Theresia Krumm

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race wh 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Matthias 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 21 1875
(Month) (Day) (Year)

8. AGE: Years 95 Months 6 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name unknown Wingley

13. Birthplace France
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Louis O. Krumm

(b) Address Seneca Kansas

17. (a) Removal (b) Date thereof 7-17-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seneca Kansas

18. (a) Signature of funeral director W. L. Brown

(b) Address Overland Park, Kansas

19. (a) July 17 1942 (b) M. M. Grove
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1942 hour _____ minute 20 a.m.

21. I hereby certify that I attended the deceased from 7-1-42
7-17-42, 19____ to _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Senile decay
Chronic pulmonary
ant. sclerotic heart

Duration 10 yrs
2 yrs
15 yrs

Due to distast.
Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Robert M. Mueser D. or other _____

Address 1025 Quail Bldg Date signed 7-17-42

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 *J. S. Walton*
Licensed Embalmer No. *2744*
P. O. Address *K. C. 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, fact should be so stated above.