S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26432

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3209

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2536 Rochester
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --
(Specify whether years, months or days)
In this community 61 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.: 2536 Rochester
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Mrs. Ida May Kraddy

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: Married

6. (b) Name of husband or wife: Daniel Kraddy

6. (c) Age of husband or wife if alive: 56 years

7. Birth date of deceased: January 26th, 1881 (Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 0 If less than one day hr. min.

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

10. Usual occupation: Housewife

11. Industry or business: at Home

FATHER
12. Name: Silas Hunsucker
13. Birthplace (City, town, or county): No Record (State or foreign country)

MOTHER
14. Maiden name: Emma Drew
15. Birthplace (City, town, or county): No Record (State or foreign country)

16. (a) Informant: Wm. O. Moran
(b) Address: 1811 Newton, K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Salem Cemetery,

18. (a) Signature of funeral director: Sheil Funeral Home
(b) Address: 6606 Indep. Ave. K.C.Mo.

19. (a) 8-22-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26 year 1942 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug 12, 1942 to Aug 26, 1942 that I last saw h. alive on Aug 28, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myocardial failure	
Due to: Hepatic carcinoma	
Due to: 46	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: none done

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): no
(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: R.S. Winegardner (M. D. or other) D.O.
Address: 2517 Rochester Date signed 8/27/42

561 (Licensed Embalmer's Statement on Reverse Side)

Dr. Wingeardner
2900 Rockwater

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.....

Licensed Embalmer No.....

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.