

**FILED JAN 11 1943**

Registration District No. 147

Primary Registration District No. 1002

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 11-10-42-12-25-42  
(Specify whether years, months or days) 7 Years

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. 3415 Indiana  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Helen Gladys Krause

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month December day 25th  
 year 1942 hour 7 minute 30 A. M.

3. (b) If veteran, name war No 3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from Nov. 15  
1942 to Dec 25, 1942  
 that I last saw her alive on Dec 25, 1942  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mr. John A. Krause  
 6. (c) Age of husband or wife if alive 48 years  
 7. Birth date of deceased May 27 1897  
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis Duration 3 hours

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>6</u>	<u>29</u>	_____ hr. _____ min.

Due to Cardiac decompensation 6 weeks  
 Due to Bronchial pneumonia 12 weeks

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

Other conditions none  
(Include pregnancy within 3 months of death) 95c

10. Usual occupation Clerk

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.  
 Major findings: none  
 Of operations none  
 Of autopsy none

11. Industry or business Election Commissioner's Office

12. Name John Henry Asher

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

14. Maiden name Mary Vesta Farres

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

16. (a) Informant John A. Krause

17. (a) Address 3415 Indiana Kansas City, Mo.  
Removal (b) Date thereof Dec. 27, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Center, Missouri

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

19. (a) Dec. 27, 1942 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

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 John H. Shuman (M. D. or other) MD  
 Address 1402 1/2 W. 21st St. St. Louis Date signed 12-26-42

14028 Brynard Betty  
2:5:30

**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..... *Ernest C. Shipley* .....

Licensed Embalmer No. *4234* .....

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.**