

FILED JAN 11 1943

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No.

1. PLACE OF DEATH: Jackson
 (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: 4408 Wyoming /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: XX (Specify whether)
 In this community: 19 years (Specify whether)
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 Missouri Jackson 46
 (a) State: Missouri (b) County: Jackson
 (c) City or town: Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 4408 Wyoming
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: 0

3. (a) PRINT FULL NAME: John C. Krenner
 (b) If veteran, name war: No
 (c) Social Security No.: None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. 27th
 year 1942 hour 11 minute 55 A.M.

4. Sex: Male
 5. Color or race: Wh
 6. (a) Single, widowed, married, divorced: Married
 (b) Name of husband or wife: Louise Krenner
 (c) Age of husband or wife if alive: 37 years
 7. Birth date of deceased: July 2 1899
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
 May 8 1942 to Dec 27 1942
 that I last saw him alive on Dec 27 1942
 and that death occurred on the date and hour stated above.
 Immediate cause of death: Hypostatic Bronchopneumonia
 Due to: Multiple Sclerosis

8. AGE: Years 43 Months 5 Days 25
 If less than one day: hr. min.

Other conditions: Acute Hepatitis
 (Include pregnancy within 3 months of death)
 Major findings: 875
 Of operations:
 Of autopsy:

9. Birthplace: Eckwies Germany 4
 (City, town, or county) (State or foreign country)

10. Usual occupation: Stationary Engineer
 11. Industry or business: Retired

12. Name: John Krenner
 13. Birthplace: Germany 4
 (City, town, or county) (State or foreign country)
 14. Maiden name: No record
 15. Birthplace: Germany 4
 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Louise Krenner
 (b) Address: 4408 Wyoming

17. (a) Burial (b) Date thereof: 12-30-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: St. Mary's Cemetery

18. (a) Signature of funeral director: J. W. Wagner
 (b) Address: Kansas City, Mo.

19. (a) 12-29-42 (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: M. M. Brown (of, by, or other)
 Address: 1810 7145 Date signed: 12/29/42

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

MOTHER FATHER

JAN 13 1945

1311 22. 33rd
W.E. 5716
Noble 96

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 A. R. Hainscheld

Licensed Embalmer No. 4159

P. O. Address Kansas city 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.