

FILED MAR 5 1943
Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 972

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Flouris City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2611 Quincy
(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) 3 wks

3. (a) PRINT FULL NAME NANCY ELLEN KREEGER

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife W^{AS} H. KREEGER

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

7. Birth date of deceased: NOV 23 1856
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 1 If less than one day hr. _____ min. _____

9. Birthplace K.C. Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Elijah Prater

13. Birthplace K.C. 1
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Wingo

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth M. Glynn

(b) Address 2611 Quincy, K.C. Mo

17. (a) Burial (b) Date thereof Feb 25 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Less Summit, Mo

18. (a) Signature of funeral director B. H. George

(b) Address Grandview, Mo

19. (a) 2-25-43 (b) W. W. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Grandview
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb - Day 24, 1943
year 1. Am. minute _____ M.

21. I hereby certify that I attended the deceased from Feb 20, 1943
to Feb 24, 1943

that I last saw her alive on Feb 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure 6 days

Due to old age - senility

Due to Arteriosclerosis 15 yrs

Other conditions 977
(Include pregnancy within 3 months of death)

Major findings:
Of operations no

Of autopsy no

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 W. P. Shelton M.D. (M.D. or other)
W. Aryle Redg. R.P. Jr. Date 2-25-43

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. K. George*

Licensed Embalmer No. *3645*

P. O. Address *Grandview, 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.