

Registration District No. 149 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

(c) Name of hospital or institution: K.C. General Hospital No. 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether years, months or days)

In this community 39 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. 6024 Elmwood
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Frank Edward Kreek

3. (b) If veteran, name war no

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd
year 1943 hour 1:00 P.M. minute _____ M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Ida Kreek

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased: August 16 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-29-43 to 2-3-43, 19____; that I last saw him alive on 2-3-43, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

79 5 17 1/2 hr. _____ min.

Immediate cause of death Congestive heart failure

Due to _____

Due to _____

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

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

10. Usual occupation Retired

PHYSICIAN

Major findings: Of operations _____

Of autopsy See above

Underline the cause to which death should be charged statistically.

11. Industry or business Merchant

12. Name Thomas I. Kreek

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

14. Maiden name Elizabeth Jackson

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

16. (a) Informant Mrs. Ida Kreek

(b) Address 6024 Elmwood, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-4-43
(Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Missouri

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 Amey B. Thom (M. D. or other) _____
Address Med. Dir. K.C. Gen. Hospital Date assigned _____

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C. Mo.

19. (a) 2-3-43 (Date received local registrar)

(b) M. M. Brown (Registrar's signature)

SEP 10 1947

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. 14413

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.