

FILED JUL 13 1949

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2926

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town K.C. Mo
(c) Name of hospital or institution St. Joseph's
(d) Length of stay: In hospital or institution 14 hrs
In this community baby - 14 hrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town K.C. Mo
(d) Street No 75-12
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

James Thompson Kraas
(b) If veteran name war No (c) Social Security No none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 29 30
year 1943 hour 3 minute 27 AM
21. I hereby certify that I attended the deceased from 6-29
1943 to 6-30 1943
that I last saw him alive on 6-30 1943
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced infant
7. Birth date of deceased July 29-43

Immediate cause of death Atelectasis of lungs 12 hours

8. AGE: Years 0 Months 0 Days 14 hr. min.

Due to absence of interventricular septum of heart 12 hours

9. Birthplace K.C. Mo

Due to Other conditions Baby was a Cesarean section baby

10. Usual occupation Child
11. Industry or business
12. Name James D. Kraas
13. Birthplace K.C. Mo
14. Maiden name Rose Tabor
15. Birthplace K.C. Mo

Major findings: Of operations none
Of autopsy none

16. (a) Informant James D. Kraas
(b) Address 75-12 Myramore
17. (a) Burial, cremation, or removal Woodlawn Mt
(b) Date thereof 7-1-43
18. (a) Signature of funeral director
(b) Address K.C. Mo
19. (a) 7-1-43 (b) D. E. Brown

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature John T. Skinner (M. D. or other) MD
Address 14102 Bryant Blvd Date signed 7-1-43

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

MOTHER, FATHER

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.....

John B. Camp
Licensed Embalmer No. *29515*
P. O. Address: *19. 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.