

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

FILED JUN 30 1948

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County **JACKSON**

(b) City or town **KANSAS CITY MISSOURI**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
RESIDENCE, 4338 WORNALL ROAD /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community **8 YEARS** (Specify whether _____ years, months or days)

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. **4338 WORNALL ROAD**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME **MRS. THELMA DEAN KRAHL**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **NO**

4. Sex **FEMALE**

5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **A. KENNETH KRAHL**

6. (c) Age of husband or wife **40** years

7. Birth date of deceased **3 6 1904**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	39	3	4	hr. _____ min.

9. Birthplace **MOUNTAIN HOME** **I DAHO /**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business **NONE**

MOTHER FATHER { 12. Name **JAMES W. VINCENT**

{ 13. Birthplace **KINGSPRAIRIE** **MISSOURI /**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **ANNIE D. WHITE**

{ 15. Birthplace **NEWTON** **IOWA. /**
(City, town, or county) (State or foreign country)

16. (a) Informant **A. K. KRAHL**

(b) Address **4338 WORNALL ROAD**

17. (a) **BURIAL** (b) Date thereof **6 - 12 - 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MOUND CREEK**

18. (a) Signature of funeral director *[Signature]*

(b) Address **815 W. MAPLE AVE**

19. (a) **6-19-43** (b) *[Signature]*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **10**
year **1943** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Myocardial failure
hypertrophy and
degeneration of the heart.

Due to _____

Due to **Generalized atherosclerosis**

Other conditions **calcinosi**
(Include pregnancy within 3 months of death)

Major findings: Of operations *[Signature]*

Of autopsy _____

Duration _____

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. M. Ketcham** (M. D. or other) _____
Ray Trause Shurwood, M. D. Date signed **6-11-43**

[Handwritten scribbles]

[Handwritten scribbles]

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 *[Signature]*

Licensed Embalmer No. *3181*

P. O. Address *Independence*

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.)

4-11-2 If this body is not embalmed, fact should be so stated above.

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