

FILED FEB 28 1944

Registration District No. 28

Primary Registration District No. 1002

State File No. _____

Registrar's No. 25

1. PLACE OF DEATH:
 (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:
1008 Bales
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 in this community 20 Years
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. 1008 Bales
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JESSIE KROM
 (b) If veteran, name war No
 (c) Social Security No. Nona

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 1
 year 1944 hour 12 minute 20 P.M.

4. Sex Fe. 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 (b) Name of husband or wife August
 (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Dec 25, 1943, to Jan 1, 1944,
 that I last saw her alive on Jan 1, 1944,
 and that death occurred on the date and hour stated above.

7. Birth date of deceased August 14, 1867
(Month) (Day) (Year)
 8. AGE: Years 76 Months 4 Days 17
 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Hemorrhage with Complete Paralysis
 Duration 8 hr

9. Birthplace Germany
(City, town, or county) (State or foreign country)
 10. Usual occupation Homemaker

Due to arterio sclerosis and chronic myocarditis
 Due to Senility

11. Industry or business None
 12. Name Julius Koths
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

Other conditions no
(Include pregnancy within 3 months of death)

16. (a) Informant Mr. Arthur Krom
 (b) Address 1008 Bales
 17. (a) Burial (b) Date thereof 1/1/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Washington Cemetery
 18. (a) Signature of funeral director C. H. Blackman & Son,
 (b) Address Kansas City, Mo.
 19. (a) Jan 7 1944 (b) J. B. Brown
(Date received local registrar) (Registrar's signature)

Major findings: Of operations none
 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) none
 (b) Date of occurrence none
 (c) Where did injury occur? now
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
no
 (e) While at work? no (Specify type of place)
 (f) Means of injury no
 23. Signature H. V. Landry (M. D. or other) md
 Address 805 Elmwood Date signed 1-3-44

OS

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 J. B. Blackman
Licensed Embalmer No. 3639
P. O. Address 19. E. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.