

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 9 1/2 E 9th St
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 18 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Jackson
 (c) City or town Kansas City 48
(If outside city or town limits, write "RURAL")
 (d) Street No. 9 1/2 E 9th 3
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Homer L. Krebs
 3. (b) If veteran, name war World War I
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 18
 year 1944 hour 6:30 minute 0 M.
 21. I hereby certify that I attended the deceased from Regulatory Coem 19____
 that I last saw h. _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race wh
 6. (a) Name of husband or wife Lizzie 6. (b) Age of husband or wife if alive undmar years
 7. Birth date of deceased 7-30-1896
(Month) (Day) (Year)

Immediate cause of death Acute myocardial infarction
 Duration _____
 Due to _____
 Due to _____
 Other conditions 94a
(Include pregnancy within 3 months of death)

8. AGE: Years 47 Months 11 Days 18
 If less than one day _____ hr. _____ min.

Major findings:
 Of operations _____
 Of autopsy see above
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace MO (City, town, or county) (State or foreign country)
 10. Usual occupation Steel Worker
 11. Industry or business American Bridge Co
 MOTHER FATHER { 12. Name Albert W. Krebs
 13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)
 14. Maiden name Woods Ingram
 15. Birthplace Texas (City, town, or county) (State or foreign country)
 16. (a) Informant Arthur L. Krebs
 (b) Address 6616 E 13th St. Mo
 17. (a) removed (b) Date thereof 7-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lee's Summit Mo
 18. (a) Signature of funeral director D. B. Yagerena
 (b) Address 538 Campbell
 19. (a) 7-19-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

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. E. Asher (M. D. or D. O.) MO
 Address 23rd & Mc Day Date signed 7/18/44

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

JUL 25 1944

AUG 16 1944

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. S. Walton*

Licensed Embalmer No. *2744*

P. O. Address *H. C. 2nd*

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.