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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1944

Registration District No. 1449

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36793

Registrar's No. 4662

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: 6415 Walnut
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. 1 (Specify whether
In this community 41 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas city
(If outside city or town limits, write "RURAL")

(d) Street No. 6415 Walnut
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME Solomon Krigel.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M

5. Color or race Wh

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Ruth

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased April (Month) 7 (Day) 1892 (Year)

8. AGE: Years 52 Months 7 Days 12 If less than one day ___ hr. ___ min.

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

10. Usual occupation Jeweler

11. Industry or business

FATHER
12. Name Zachary Krigel
13. Birthplace — (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace " " (City, town, or county) Russia (State or foreign country)

16. (a) Informant Mrs Ruth Krigel
(b) Address 6415 Walnut

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-'44 (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill

18. (a) Signature of funeral director J. P. Louis Funeral Home
(b) Address 3400 Woodland

19. (a) 11-20-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19
year 1944 hour ___ minute ___ M.

21. I hereby certify that I attended the deceased from Aug 10, 1937, to Nov 19, 1944;
that I last saw him alive on Nov 19, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic nephritis	4 yrs
Diabetes mellitus	13 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Ruth Major M.D. (M. D. or other)
Address 315 Alameda Road Date signed Nov 20 1944

(Licensed Embalmer's Statement on Reverse Side)

DEC 12 1944

MAR 27 1945

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 Guy Buffington

Licensed Embalmer No. 3756

P. O. Address K 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.