

Registration District No. 24404

Primary Registration District No. 3026

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
301 W. College 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 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Independence, Mo. 4
(If outside city or town limits, write "RURAL")
(d) Street No. 301 W. College 4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 20
year 44 hour 3:00 minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____;
German
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME

William Krey

3. (b) If veteran, name war L
3. (c) Social Security No. L

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Eleanor Krey 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased December 2nd 1866
(Month) (Day) (Year)

Immediate cause of death Arteriosclerotic heart disease
Due to _____
Due to 930
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 77 Months 10 Days 23
If less than one day _____ hr. _____ min.

9. Birthplace Independence Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Contractor

12. Name Peter Krey 4

13. Birthplace Dusseldorf, Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Anna Albright 7

15. Birthplace Hesse-Darmstadt, Prussia
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie McFee

(b) Address 301 W. College St.

17. (a) Burial (b) Date thereof Oct. 28, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director Ott-Mitchell

(b) Address 310 N. Main - Indep. Mo.

19. (a) 10-28-44 (b) J. J. Mitchell
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
Of autopsy Ingestion of food
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 J. J. Mitchell 3 (M.D. or other) _____
Address German Date signed 10/28/44

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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Henry D. Mitchell

Licensed Embalmer No. 3925

P. O. Address Evans, 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.