

FILED FEB 6 1945
1949

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 410

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)

In this community 46 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City Mo. 3
(If outside city or town limits, write "RURAL") F

(d) Street No. 2454 Charlotte
(If rural, give location)

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

3. (a) PRINT FULL NAME Joseph W. KRENN

(b) If veteran, name war No

(c) Social Security No. 500-12-1517

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 25
year 1945 hour 6:45 minute P M.

4. Sex Male 0 5. Color or race White

6. (b) Name of husband or wife Rosalyn Krenn 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased March 8th, 1898
(Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day

46 10 17 hr. _____ min.

Immediate cause of death Tubercular pneumonia (relapsed)
Duration _____

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions 108
(Include pregnancy within 3 months of death)

10. Usual occupation Meat Cutter

11. Industry or business Retail Grocery

Major findings: History & Inspection
Of operations _____

MOTHER FATHER { 12. Name Leopold Krenn

{ 13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

{ 14. Maiden name Theresa Leitner

{ 15. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

Of autopsy su

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Rosalyn Krenn

(b) Address 2943 Baltimore Ave.

17. (a) Burial (b) Date thereof 1/27/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

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? _____

18. (a) Signature of funeral director Melody-McGilley

(b) Address Kansas City Mo.

19. (a) 1-26-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 1424 1/2 rd Date signed 1-26-45

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.....
Licensed Embalmer No.....
P. O. Address.....

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.