

FRED JUL 2 1945

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 666

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2708 Jackson  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2708 Jackson  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME William Aaron Krumme

3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Catherine E. Krumme  
6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased May 10 1858  
(Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 6  
If less than one day hr. min.

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

10. Usual occupation retired farmer

11. Industry or business

12. Name John Henry Krumme  
13. Birthplace Braman Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Dorothy Dale Dryer  
15. Birthplace unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. A. Krumme  
(b) Address 2708 Jackson

17. (a) burial (b) Date thereof 6/19/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparta Cemetery  
18. (a) Signature of funeral director Weston B. Cole & Co.  
(b) Address 319 So. 10th

19. (a) 6/18/45 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16  
year 1945 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 15, 1945 to June 16, 1945.  
that I last saw him alive on June 16, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Auricular Fibrillation  
Due to myocarditis  
Duration 1 wk.

Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings: Of operations  
Of 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?

While at work? (Specify type of place) (c) Means of injury  
23. Signature H.A. Krumme (M. D. or other)  
Address 57 Joseph Mo Date signed 6-18-45

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

MOTHER FATHER

1377

Mr. E. M. - Shaver  
- Kirk. Bldg.

MAR 25 1948

Herbert ...  
...

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 Frank A. Brumby  
Licensed Embalmer No. 1710  
P. O. Address St. George St. N.Y.C.

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.