

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32751**
Registration District No. **149**
Primary Registration District No. **1002**
Registrar's No. **4138**

48
3
8

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

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:
WOLFERMAN'S - 1117 WALNUT STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **23 YEARS** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **JACKSON**
(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")
(d) Street No. **409 - EAST ARMOUR BLYD**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Vivian Aileen Krimminger**
(b) If veteran, name war **No**
(c) Social Security No. **487-03-6707**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **OCT.** day **5**
year **1945** hour **1** minute **10 P.M.**
21. I hereby certify that I attended the deceased from
Dec. 22, 19**44**, to **Oct. 5,** 19**45**;
that I last saw her alive on **Sept. 22,** 19**45**;
and that death occurred on the date and hour stated above.

4. Sex **FEMALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **MR. CLINTON R. KRIMMINGER**
6. (c) Age of husband or wife if alive **39** years
7. Birth date of deceased: **JULY 14 1909**
(Month) (Day) (Year)

Immediate cause of death
Coronary Thrombosis
Due to **Hypertensive Heart Disease**
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
36 2 21 hr. min.

Duration
93 d
Physician
Underline the cause to which death should be charged statistically.

9. Birthplace **LEWISTON ILLINOIS**
(City, town, or county) (State or foreign country)

10. Usual occupation **COURT REPORTER**

11. Industry or business **DIVISION 3**

MOTHER FATHER

12. Name **JOE HUGHES**

13. Birthplace **LEWISTON ILLINOIS**
(City, town, or county) (State or foreign country)

14. Maiden name **MINNIE MOUL**

15. Birthplace **ASTORIA ILLINOIS**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clinton R. Krimminger**

(b) Address **5805 Tracy Ave**

17. (a) **BURIAL** (b) Date thereof **OCT. 8 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. MORIAH CEMETERY**

18. (a) Signature of funeral director **Dr. Newcomer's Serv.**

(b) Address **1401 BRUSH GREEN BLYD.**

19. (a) **10-8-45** (b) **Sheraldine Holmes**
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy _____

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 **George C. Lee** (M.D.)
Address **1103 Grand Ave. K. C. Mo.** Date signed **10/5/45**

1630 Professional Bldg
9:30-4

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 *H. H. [unclear]*

Licensed Embalmer No. 4820

P. O. Address *K 64 MD*

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.