

FILED NOV 1 1945
Registration District No. **42**

Primary Registration District No. **1000**

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

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:
1404 Sylvania St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
(Specify whether years, months or days)
In this community 40 years

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. 2305 Mulberry St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph M. Krumm

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife Cecelia 6. (c) Age of husband or wife if alive years

7. Birth date of deceased February 3, 1882
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 15 If less than one day hr. min.

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

10. Usual occupation Retired Groceryman

11. Industry or business

12. Name Mathew Krumm
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name unknown Winkler
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Verne Christophene
(b) Address 2305 Mulberry St, St. Joseph, Mo

17. (a) Burial; (b) Date thereof 10-22-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet Cemetery

18. (a) Signature of funeral director Barry Funeral Home
(b) Address St. Joseph, Mo

19. (a) 10-27-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18
year 1945 hour 4 minute 50 P M.

21. I hereby certify that I attended the deceased from Oct 17, 1945 to Oct 17, 1945
that I last saw her alive on Oct 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Duration ?

Due to _____
Due to _____

Other conditions Myocardial
(Include pregnancy within months of death)

Major findings: Of operations _____
Of autopsy none
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? _____ (c) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address 620 Thacker Date signed 10/20/45

APR 11 1946
APR 11 1945

MAR 4 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

Mollie E. Sidenfaden Fox

Licensed Embalmer No.

4535

P. O. Address

St. Joseph, 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.