

**FILED** DEC 21 1945

Registration District No. **27** Primary Registration District No. **1002**

**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:  
**General Hospital No. 10**  
(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) **63 yrs**

**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. **7209 E/ 41 St.**  
(If rural, give location)  
 (e) Citizen of foreign country? **U.S.A.** (Yes or No)  
 If yes, name country

**3. (a) PRINT FULL NAME** **Herman Krull**  
 3. (b) If veteran, name war **no** 3. (c) Social Security No. **# unk**

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **Dec.** day **3**  
 year **1945** hour **12 midnight** minute  M.  
 21. I hereby certify that I attended the deceased from **Dec. 3**, 19 **45** to **Dec. 3**, 19 **45**  
 that I last saw him alive on **Dec. 3**, 19 **45**  
 and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Deceased**  
 6. (b) Name of husband or wife **Buelah Krull** (c) Age of husband or wife if alive  years  
 7. Birth date of deceased **Oct - 2 - 1883**  
(Month) (Day) (Year)

Immediate cause of death **Lobar pneumonia**  
 Due to   
 Due to   
 Other conditions **108**  
(Include pregnancy within 3 months of death)

**8. AGE:** Years **62** Months **2** Days **21** If less than one day **✓** hr. **✓** min. **✓**

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

10. Usual occupation **machinist**

11. Industry or business **Fisher body co**

12. Name **Alexander Krull**

13. Birthplace **Germany**

14. Maiden name **Emma Elizabeth Burns**

15. Birthplace **Mo. Mo**

16. (a) Informant **Wm Krull**  
 (b) Address **7207 East 41**

17. (a) **Burial** (b) Date thereof **Dec-6-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Brooking-Cem**

18. (a) Signature of funeral director **A-P Washler**  
 (b) Address **1415 East 15**

19. (a) **12-5-45** (b) **Waldine Holmes**  
(Date received local registrar) (Registrar's signature)

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?  
 While at work?  (Specify type of place) (c) Means of injury   
 23. Signature **Clark W. Selwyn** (Date) **12-4-45**  
 Address **Med. Dir. Gen'l Hosp.** Date signed

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

**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..... *A. P. Doehler*.....

Licensed Embalmer No..... *1166*.....

P. O. Address..... *1415 East 15*.....

**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.