S. No. 2
M—8-43
v. 5-17-39
I X37823

1081

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1522

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 452

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: 912 Tracy
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 912 Tracy
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No): 0
If yes, name country: ____

3. (a) PRINT FULL NAME: Chas Henry Kraus
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Sing
6. (b) Name of husband or wife: ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: May 5 1899 (Month) (Day) (Year)
8. AGE: Years 46 Months 8 Days 19 If less than one day ____ hr. ____ min.
9. Birthplace: St Louis Mo (City, town, or county) (State or foreign country): 0
10. Usual occupation: Paper Cutter
11. Industry or business: ____
12. Father Name: Frank Kraus
13. Father Birthplace: Germany (City, town, or county) (State or foreign country): 4
14. Mother Maiden name: Emma Kraus
15. Mother Birthplace: Carroll Co (City, town, or county) (State or foreign country): 1
16. (a) Informant: Frank Kraus
(b) Address: 3445 Penn
17. (a) Burial: (Burial, cremation, or removal) (b) Date thereof: Jan 30-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Washington
18. (a) Signature of funeral director: Funeral Dir
(b) Address: KC
19. (a) 1-28-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27 year 1946 hour 5 minute 30 A. M.
21. I hereby certify that I attended the deceased from Coroner, 19__, to ____, 19__; that I last saw h. alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: 1st 2nd 3rd degen brain jaundice body

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): 181-1

Major findings: Of operations: 15

Of autopsy: no
Hadley & Engelman

Duration

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): accident
(b) Date of occurrence: 1-27-46 123
(c) Where did injury occur? 912 Tracy KC Jackson Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home (Specify type of place)
While at work? no (e) Means of injury: Fire
23. Signature: [illegible] (M. D. or other)
Address: 1424 [illegible] Date signed 1-28-46

3R (Licensed Embalmer's Statement on Reverse Side)

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 J. S. Walton

Licensed Embalmer No. 2744

P. O. Address K C 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.