

FILED JAN 21 1946

Registration District No. 42

Primary Registration District No. 1000

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:
St. Josephs Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town Rural Center 0
(If outside city or town limits, write "RURAL")
(d) Street No. 10 Miles South on 71 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Lawrence Krumme

3. (b) If veteran, name war World War 1 3. (c) Social Security No. none

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced married //
6. (b) Name of husband or wife Geneva I. Krumme 6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased June 15 1895 (Month) (Day) (Year)

8. AGE: Years 50 Months 6 Days 21 If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business farm

12. Name Wm. A. Krumme
13. Birthplace Buchanan Co. Missouri (City, town, or county) (State or foreign country)
14. Maiden name Catherine E. Mittlestedte
15. Birthplace Buchanan Co. Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. L. Krumme
(b) Address R.R. #15 St. Joseph, Mo.
17. (a) burial (b) Date thereof 1/9/46 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Jo. Mem. Park Cemetery

18. (a) Signature of funeral director Heaton B. Gale & Bowman
(b) Address St. Joseph, Mo.
19. (a) Jan 9 1946 (b) [Signature] (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6th year 1946 hour 8 minute 05P M.

21. I hereby certify that I attended the deceased from Oct 29 1945 to Jan 6 1946 that I last saw him alive on Jan 6 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Blis. Blastoma of temporal lobe Duration unknown

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations [Signature] 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) (e) Means of injury _____
23. Signature Maxwell Day (M. D. or other) Address 218 W 7th St. Joseph Mo signed 1-7-46

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

153

*Mr. Harold Bowman
Cincinnati, Ohio*

JAN 25 1946

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 *George Jan 4*

....., Registered Apprentice No.
working under my personal supervision.

Signed *Harold Bowman*

Licensed Embalmer No. *3619*

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.