

**FILED** MAY 6 1946  
Registration District No. 149

Primary Registration District No. 1002

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: Trinity Lutheran Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
In this community 2 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 18

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL") 3

(d) Street No. 3511 Forest  
(If rural, give location) 8

(e) Citizen of foreign country? no. (Yes or No) 1  
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Eltha M. Krueger

3. (b) If veteran, name war no.

3. (c) Social Security No. 184-16-9201

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25  
year 1946 hour 9:40 minute A. M.

21. I hereby certify that I attended the deceased from April 2  
1946 to April 25 1946  
that I last saw or alive on April 25 1946  
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 Chester H. Krueger

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased May 24 1899  
(Month) (Day) (Year)

Immediate cause of death. General Peritonitis Duration 5 days

Due to Intestinal adhesion, intussusception, resection of gangrenous intestine

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

8. AGE: Years Months Days If less than one day

46 11 1 hr. 1 min.

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

10. Usual occupation National Bellas Hess Co.

11. Industry or business X

MOTHER FATHER

12. Name unknown.

13. Birthplace unknown. 9  
(City, town, or county) (State or foreign country)

14. Maiden name unknown.

15. Birthplace unknown. 9  
(City, town, or county) (State or foreign country)

Major findings: gangrenous intestine resected

Of operations: resected

Of autopsy: 1-2-2-18

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Chester H. Krueger,  
(b) Address 3511 Forest, Kansas City, Mo.

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?

17. (a) Cremation (b) Date thereof 4-27-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure,  
(b) Address 3235 Gillham Plaza, K. C., Mo.

23. Signature Carl Johnson (M. D. or other)  
Address 1103 Parkview Blvd Date signed 4-28-46

19. (a) 4-16-46 (b) Eraldine Holmes  
(Date received by Registrar) (Registrar's signature)

Dr. J. C. Harn  
1108 E. Harrison

**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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 1416

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.**