

S. No. 2  
M-5-43  
7-5-17-39  
I X3667

DEPARTMENT OF COMMERCE -- THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
**FILED** MAY 27 1948 **STANDARD CERTIFICATE OF DEATH**

16728

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2196

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City

(c) Name of hospital or institution: 7236 Terrace  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution no. (Specify whether  
in this community 30 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

(c) City or town Kansas City 7  
(If outside city or town limits, write "RURAL")

(d) Street No. 7236 Terrace, 8  
(If rural, give location) 0

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME August Henry Krohne

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 140-0123347

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14  
year 1946 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from March  
3, 1946, to May 14 1946

that I last saw h alive on \_\_\_\_\_ 19\_\_\_\_;  
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 married

6. (b) Name of husband or wife Cora C. Krohne

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased December 4 189D  
(Month) (Day) (Year)

Immediate cause of death Arterio-sclerotic heart disease terminal nephritis - hypertension

Duration 3 weeks

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

55-64 5 10 hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Diabetes mellitus mild 5 yrs-  
(Include pregnancy within 3 months of death)

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

10. Usual occupation American Lead Pencil Co.

Major findings:  
Of operations: \_\_\_\_\_

Of autopsy: 61

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

11. Industry or business X

12. Name August H. Krohne

13. Birthplace New Jersey  
(City, town, or county) (State or foreign country)

14. Maiden name Meta Fastenau

15. Birthplace Alsace Loraine France  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora C. Krohne

(b) Address 7236 Terrace, Kansas City, Mo.

17. (a) Burial (b) Date thereof 5-16-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill abbey

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? \_\_\_\_\_

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 5-16-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury 0

23. Signature Joseph E. ... (M. D. or other) MD

Address 7536 Prof Bldg Date signed 5/15/46

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

13010

Dr. Geo. W. Blackman  
Prof. B. E. J.

**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. Blair Shippard  
Licensed Embalmer No. 4179  
P. O. Address K. E. Ind.

**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.**