

S. No. 2  
M-5-43  
5-17-39  
I X36671

FILED JUL 9 1946  
Registration District No. 42

Primary Registration District No. 1000

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD  
18410

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:  
2708 Jackson  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 11 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri (b) County: Buchanan  
(c) City or town: St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2708 Jackson (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME: Catherine Elizabeth Krumme  
(b) If veteran, name war: No  
(c) Social Security No.: None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 11  
year 1946 hour one minute 30 P. M.

4. Sex: Female  
5. Color or race: White  
6. (a) Single, widowed, married, divorced, Widowed  
(b) Name of husband or wife: William A. Krumme  
(c) Age of husband or wife if alive: 22 years  
7. Birth date of deceased: November 22 1867  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3/19, 1946, to June 11, 1946  
that I last saw her alive on June 11, 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
78 6 19 hr. min.

Immediate cause of death: Cerebral Hemorrhage  
Due to: Chronic myocarditis

9. Birthplace: Grant City Missouri  
(City, town, or county) (State or foreign country)

Due to: \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death): \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

10. Usual occupation: At home  
11. Industry or business: At home  
12. Name: John Mittelstedter  
13. Birthplace: Unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name: Mary Ann Clippel  
15. Birthplace: Unknown  
(City, town, or county) (State or foreign country)

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

16. (a) Informant: Walter W. Krumme  
(b) Address: 2708 Jackson  
17. (a) Burial (b) Date thereof: June 14/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: Sparta Cemetery

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: Heaton Reibel + Roselman  
(b) Address: St. Joseph, Mo.  
19. (a) June 17, 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury: 2  
23. Signature: [Signature] (If other, P.O.)  
Address: 209-210 Parkside Date signed: 6/12/46

Dr. Raymond L. Smith  
Kirk Bldg

APR 13 1944

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..... Eugene Wood  
Licensed Embalmer No. 3804  
P. O. Address 319 So 10th 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.