

S. No. 2
M-5-43
7. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20358**
Registrar's No. **2884**

FILED JUL 10 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:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 weeks** (Specify whether
In this community **15 years** (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Kansas,** (b) County **Johnson,**
Kansas City
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **7417 High Drive**
(If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **X**

3. (a) PRINT FULL NAME **Mrs. Katherine Susanne Krebs.**
3. (b) If veteran, name war **no.** 3. (c) Social Security No. **NO.**

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Jacob Krebs** 6. (c) Age of husband or wife if alive **dec.** years
7. Birth date of deceased **May 10 1866**
(Month) (Day) (Year)

8. AGE: Years **80** Months **1** Days **21** If less than one day
18 hr. min.

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

10. Usual occupation **at home,**

11. Industry or business **X**

MOTHER FATHER { 12. Name **Chester Buhler**
13. Birthplace **Switzerland**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Mueller**
15. Birthplace **Switzerland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hollace Whorton**
(b) Address **7417 High Drive, K. C., Kansas.**

17. (a) **burial** (b) Date thereof **7-1-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Joseph, Missouri**

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

19. (a) **6-29-46** (b) **E. Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **28**
year **1946** hour **5:55** minute **P.** M.
21. I hereby certify that I attended the deceased from **May 28, 1946** to **June 28, 1946**
that I last saw her alive on **6/28/46** and that death occurred on the date and hour stated above.

Immediate cause of death **Circulatory Failure**
Due to **Cardio-vascular disease with hypertension**
Due to **Diabetes Mellitus**
Other conditions: (Include pregnancy within 3 months of death)
Major findings: **4/11/46 Breast Amputation**
17. Carcinoma - Food P.O. Record
Of autopsy **01**

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)
(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) (c) Means of injury
23. Signature **Earl E. Kelly** (M. D. or other) **MD**
Address **807 Angyle Bldg.** Date signed **6/29/46**

Dr. Hillyer
anymore Reels

MAR 24 1955

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..... Robert H. Reed.....
Licensed Embalmer No. 3745.....
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.