

S. No. 2
M-5-43
7-5-17-39
X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1945
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26327**
Registration District No. **42**
Primary Registration District No. **1000**
Registrar's No. **916**

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:
Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 days**
In this community **Life** (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. **1415 So. 34th**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Herbert F. C. Krumme**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **12**
year **1946** hour **12** minute **50 P.M.**
21. I hereby certify that I attended the deceased from **Aug. 6th**, 19**46** to **August 12**, 19**46**;
that I last saw h. **im** alive on **August 12**, 19**46**;
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 **Helen S. Krumme** 6. (c) Age of husband or wife if alive **46** years
7. Birth date of deceased **April 5 1883**
(Month) (Day) (Year)

Immediate cause of death **cerebral hemerage knotted bowel.** Duration _____

8. AGE: Years Months Days If less than one day
63 4 7 hr. _____ min.

Due to **strangulated bowel internal ring left.**
Due to **intestional obstruction**
Other conditions **as above**
(Include pregnancy within 3 months of death)

9. Birthplace **St. Joseph Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Musician**

11. Industry or business **Music**

12. Name **Frederick C. Krumme**

13. Birthplace **Baltimore Maryland**
(City, town, or county) (State or foreign country)

14. Maiden name **Lydia E. Kost**

15. Birthplace **Bloomington Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Herbert Krumme**

(b) Address **St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **8/15/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Mora Cemetery**

18. (a) Signature of funeral director **Heaton Be Gale + Bowman**
(b) Address **St. Joseph, Mo.**

19. (a) **Aug. 15, 1946** (b) **H. H. M... ..**
(Date received local registrar) (Registrar's signature)

Major findings: Of operations **122B**
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)
(c) Means of injury _____
23. Signature **Depton Smith** (M. D. or other) **MD**
Address **218 No 7 St. Joseph Mo** Date signed **8/14/46**

34 (Licensed Embalmer's Statement on Reverse Side)

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

25173

818 1147

JUN-9 1947

APR 4 1947

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, ~~by~~.....

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

Signed *Raymond H. Warehead*

Licensed Embalmer No. *4413*

P. O. Address *319 So. 10th 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.