

V. S. No. 2  
 00M-5-43  
 Rev. 5-17-39  
 I X36671

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 FILED MAY 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **17497**  
 Registrar's No. **2152**

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:  
**3612 OLIVE STREET 1**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **23 YEARS**  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **MR FRANK KRISCHAN**  
**3. (b) If veteran, name war** **No**  
**3. (c) Social Security No.** **487-03-6974**

**4. Sex** **MALE** **5. Color or race** **WHITE**  
**6. (a) Single, widowed, married, divorced** **MARRIED**  
**6. (b) Name of husband or wife** **MRS. EVA KRISCHAN**  
**6. (c) Age of husband or wife if alive** **47** years  
**7. Birth date of deceased** **JANUARY 6 1890**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	4	7	hr. <b>0</b>

**9. Birthplace** **YUGOSLAVIA**  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** **FOREIGN TAILOR SHOP**

**11. Industry or business** **BOND CLOTHING COMPANY**

**12. Name** **UNKNOWN KRISCHAN**  
**13. Birthplace** **UNKNOWN YUGOSLAVIA**  
(City, town, or county) (State or foreign country)  
**14. Maiden name** **UNKNOWN**  
**15. Birthplace** **UNKNOWN**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **MRS. EVA KRISCHAN**  
**(b) Address** **3612 OLIVE STREET**

**17. (a) BURIAL** (Burial, cremation, or removal) **(b) Date thereof** **MAY 15 1947**  
(Month) (Day) (Year)  
**(c) Place: burial or cremation** **MT. MORIAN CEMETERY**

**18. (a) Signature of funeral director** **A. H. Newcomer's Sons**  
**(b) Address** **1401 BRUSH CREEK BLVD**

**19. (a) 5-15-47** (Date received local registrar) **(b) Geraldine Holmes** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **MISSOURI** (b) County **JACKSON**  
 (c) City or town **KANSAS CITY**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **3612 OLIVE STREET**  
(If rural, give location)  
 (e) Citizen of foreign country? **YES** (Yes or No)  
 If yes, name country **YUGOSLAVIA**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **MAY** day **13<sup>TH</sup>** year **1947** hour **7** minute **25 A. M.**

**21. I hereby certify that I attended the deceased from** **JAN. 23, 1947**  
**1947** to **MAY 13, 1947**  
 that I last saw him alive on **MAY 12, 1947**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **CARCINOMA OF STOMACH WITH WIDE-SPREAD METASTASIS**

Due to \_\_\_\_\_  
 Due to **410**

Other condition **ARTERIOSCLEROSIS + ANEMIA**  
(Include pregnancy within 3 months of death)

Major findings: **CARCINOMA OF STOMACH WITH METASTASIS**  
 Of operations \_\_\_\_\_  
 Of autopsy **NONE**

**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) (e) Means of injury \_\_\_\_\_  
**23. Signature** **Adrian J. Brown** M. D.  
**Address** **350 E. Armour Blvd.** Date signed **13 May '47**

Duration **UNKNOWN**  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

K.C. No.

Reverend Hospital

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**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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.**