3. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 30 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21035

Registration District No. 1447 Primary Registration District No. 1002 Registrar's No. 2635

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: McMahan Conv. Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 months 21 days (Specify whether years, months or days)
In this community: 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 3424 Harrison 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Ethel KRUSE
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: female
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Henry Kruse
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: September (Month) 9, (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
64	9	7	hr. min.

9. Birthplace: Virginia (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: At home
11. Industry or business:
MOTHER FATHER
12. Name: John M. Walters
13. Birthplace: Arcola, (City, town, or county) Illinois (State or foreign country)
14. Maiden name: Minerva Reyburne
15. Birthplace: Arcola, (City, town, or county) Illinois (State or foreign country)
16. (a) Informant: Mr. Rupert Walters
(b) Address: 3424 Harrison, K.Cl.Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cemetery
18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri
19. (a) 6-18-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 16 year 1947 hour 6 minute P. M.
21. I hereby certify that I attended the deceased from June, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary ~~[illegible]~~ Insufficiency	
Due to: Cerebral sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 950	
Major findings: Of operations:	
Of autopsy: no Hurley & Duncan	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external cause, 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? (Specify type of place) While at work? (e) Means of injury: 2
23. Signature: [illegible] (M. D. or other): Cor
Address: 4724 Roy Bldg Date signed: 6-17-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Russell N. Franc

Licensed Embalmer No. 4355

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.