No. 2
-1/47
-17-89

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40945

FILED JAN 5 1948

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1529

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: 712 S. 28th Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: not (Specify whether
In this community: 37 years. 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. 712 S. 28th Street (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Cecila Krankura
3. (b) If veteran, name war: none
3. (c) Social Security No.: None

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: David Krankura
6. (c) Age of husband or wife if alive: 67 years
7. Birth date of deceased: March (Month) 12 (Day) 1875 (Year)

8. AGE: Years 72 Months 9 Days 16 If less than one day hr. min.

9. Birthplace: Unknown (City, town, or county) Russia (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: At home

FATHER
12. Name: Abraham Lachtman
13. Birthplace: Unknown (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Russia (State or foreign country)

16. (a) Informant: David Krankurs
(b) Address: 712 S. 28th St., St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 29, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Shaare Sholem
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1946 Colhoun St., St. Joseph, Mo.
19. (a) 12-30-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28th year 1947 hour 4 minute 00 P.M.
21. I hereby certify that I attended the deceased from December 28, 1947 to December 28, 1947 that I last saw her alive on Dec 28, 1947, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	
Due to: myocarditis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

CBE

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: E. Handler (M. D. or other) M.D.
Address: Physicians & Surgeons Building, St. Joseph Mo. Date signed: Dec 30. 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 22 1949

JAN 17 1956

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. Earl A Clark

Licensed Embalmer No. 4238

P. O. Address. St Joseph

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.