. No. 300
1—10-47
. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 1 1948

Registration District No. 949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16411

Registrar's No. 2096

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Menorah Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5/1/48 5/17/48 (Specify whether
In this community ALMOST 50 YRS
years, months or days)

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. 2716 EAST 36TH STREET 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mr George John Krieke

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Claudia B. KRIEKE

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased 8 (Month) 17 (Day) 1876 (Year)

8. AGE: Years 71 Months 9 Days 0 If less than one day hr. min.

9. Birthplace MILWAUKEE (City, town, or county) WISCONSIN (State or foreign country)

10. Usual occupation ENGRAVER

11. Industry or business

FATHER
12. Name JOHN KRIEKE
13. Birthplace MILWAUKEE (City, town, or county) WISCONSIN (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant MRS GEORGE J. KRIEKE

(b) Address 2716 EAST 36th STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 19 1948 (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director H. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 5-18-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1948 hour 5 minute 21 P M.

21. I hereby certify that I attended the deceased from May 1, 1948, to May 17, 1948 that I last saw him alive on 5/17, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bilateral pneumonia	
Due to secondary to surgery	
Due to for Cancer of Colon	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Cancer of splenic flexure of colon

Of autopsy 4 6 [illegible]

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Philip H. Halperin (M. D. or other) M D

Address 409 Prof. Bldg. K.C. Mo Date signed 5/18/48

(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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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.