

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40216
State File No. _____
Registrar's No. **5315**

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:
3203 Highland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **XX** (Specify whether
In this community **50 years** (years, months or days)

3. (a) PRINT FULL NAME **Max Krashin**
(b) If veteran, name war **XX**
(c) Social Security No. **XX**

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced, **married**
(b) Name of husband or wife **Mary**
(c) Age of husband or wife if alive **65** years
7. Birth date of deceased **unknown**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Approx 37-77 hr. min.

9. Birthplace **Poland**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired**

11. Industry or business **XX**

MOTHER FATHER

12. Name **Jacob (unknown)**

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

14. Maiden name **unknown**

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

16. (a) Informant **Mary Krashin**

(b) Address **3203 Highland**

17. (a) **burial** (b) Date thereof **12-29-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sheffield**

18. (a) Signature of funeral director **J. P. Louis Funeral Home**

(b) Address **3400 Woodland Ave. K. C. Mo.**

19. (a) **12-29-48** (b) **Geraldine Holm**
(Date received local registrar) (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. **3203 Highland**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **XX**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **12** day **27**
year **1948** hour **10:30** minute **P** M.
21. I hereby certify that I attended the deceased from
19 to **19**
that I last saw h. **alive on** **19**
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary sclerosis
Due to **arterio sclerosis**

Other conditions
(Include pregnancy within 3 months of death) **93d**

Major findings:
Of operations
Of autopsy **no**
History & Postmortem

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?

James C. Walker (Specify type of place)
While at work? (c) Means of injury
Signature **Geraldine Holm** (M. D. or other)
Address **1924 1/2 W. 11th** Date signed **12-25-48**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Joseph M. J. O'Connell....., Registered Apprentice No. *275*
working under my personal supervision.

Signed *Guy B. Buffington*.....
Licensed Embalmer No. *2956*
P. O. Address *162 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.