

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15979**
2214

| | | | | | | | |
|---|----------------------------|--|---|--|--|--|----------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1007</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u>) | | | c. LENGTH OF STAY (In this place) <u>65 yrs.</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | | 53 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3608 Paseo</u> | | | | d. STREET ADDRESS (If rural, give location) <u>3608 Paseo</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>OWEN</u> | | b. (Middle) <u>William</u> | | c. (Last) <u>KRUEGER</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>5 20 49</u> | |
| 5. SEX <u>Ma</u> | 6. COLOR OR RACE <u>Wh</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Apr. 17-1865</u> | | 9. AGE (In years last birthday) <u>84</u> | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>M.D.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u> | | 11. BIRTHPLACE (State or foreign country) <u>Augusta, Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>William Krueger</u> | | 13b. MOTHER'S MAIDEN NAME <u>No record</u> | | 14. NAME OF HUSBAND OR WIFE <u>Amelia Krueger</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes, 1st world war</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Amelia Krueger 3608 Paseo, K.C. Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>mesenteric Embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Thrombosis</u> DUE TO (c) <u>Cardio-renal disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>442X</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> | |
| 19a. DATE OF OPERATION <u>✓</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>✓</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Jan 1945</u> to <u>May 20, 1949</u> , that I last saw the deceased alive on <u>May 19, 1949</u> and that death occurred at <u>2:45 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>L. F. Barney</u> (Degree or title) | | | | 23b. ADDRESS <u>Kansas City - 11 - Kans</u> | | 23c. DATE SIGNED <u>5-21-49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5-23-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>5-21-49</u> | | REGISTRAR'S SIGNATURE <u>Staldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J.W. Wagner</u> | | ADDRESS <u>K.C. Mo.</u> | |

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

Brotherhood of St. Mary
2nd floor
St. + Minnesota

JUN 9 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address K. O. 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.