

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30388**
4179

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4179

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>5 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>4233 Bell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 28 49</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Fred</u> c. (Last) <u>Krohn</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>2-28-1887</u>		9. AGE (in years last birthday) <u>62</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Skelly oil Co.</u>	
11. BIRTHPLACE (State or foreign country) <u>Davenport, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Henry Krohn</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Philbarr</u>	
14. NAME OF HUSBAND OR WIFE <u>Birdie Mae Krohn</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>512-01-8085</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Birdie Mae Krohn</u> ADDRESS <u>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>Carcinoma Gall Bladder with extensive Metastases to liver & stomach</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>to liver & stomach</u> DUE TO (c) <u>myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>155X</u>	
19a. DATE OF OPERATION <u>9/28/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Gall Bladder & liver</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9/15/49</u> , to <u>9/28</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9/28</u> , 19 <u>49</u> , and that death occurred at <u>7:30 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John H. Ogilvie</u> (Degree or title)		23b. ADDRESS <u>730 Professional Bldg</u>	
23c. DATE SIGNED <u>9/28/49</u>			
24a. BURIAL CREMATION (REMOVED) (Specify) <u>Buried</u>		24b. DATE <u>9/30/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Shownee Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Shownee Kans.</u>	
DATE REC'D BY LOCAL REG. <u>9-29-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Gates Funeral Home</u>		ADDRESS <u>K.C., Mo.</u>	

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

(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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Jimmy S. Stuckaborn
Licensed Embalmer No. 4092

P. O. Address Missouri, Kan.

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.