

FILED MAR 21 1950

STANDARD CERTIFICATE OF DEATH

State File No. 9341

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 327 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital		d. STREET ADDRESS (If rural, give location) 410 S. Oakland St.	

3. NAME OF DECEASED (Type or Print) Fannie E Krummel			4. DATE OF DEATH (Month) (Day) (Year) March 6, 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH March 1, 1874		9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Days 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Sarcoxie, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Marbel Woods		13b. MOTHER'S MAIDEN NAME Mary Lynn		14. NAME OF HUSBAND OR WIFE John Krummel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Krummel 410 S. Oakland, Webb City	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Parenchymatous Nephritis		ANTECEDENT CAUSES		5 years	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b)			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		591X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 1-22, 1950, to 3-6, 1950, that I last saw the deceased alive on 3-6, 1950, and that death occurred at 12:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS Webb City, Mo		23c. DATE SIGNED 3-8-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 10, 1950		24c. NAME OF CEMETERY OR CREMATORY Sarcoxie Cemetery	
24d. LOCATION (City, town, or county) Sarcoxie, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Arnce-Simpson, Webb City, Mo.			
DATE REC'D BY LOCAL REG. 3/10/50		REGISTRAR'S SIGNATURE [Signature]			

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED 3-14-50

Jasper County Health Office

County File Number... 50-3-159

Date Filed... 3-20-50

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 *Harvey E. Rhee*.....

Licensed Embalmer No. *4463*.....

P. O. Address *Wet 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.