

FILED NOV 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. 32110

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4598

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION MARY REST HOME		d. STREET ADDRESS (If rural, give location) 2036 LAWN AVENUE	
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS b. (Middle) HENRY c. (Last) KRAAS		4. DATE OF DEATH (Month) (Day) (Year) OCT-30-1950	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN-19-1879
9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED	11. BIRTHPLACE (State or foreign country) INDEPENDENCE MISSOURI
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY PLASTERER	
11. BIRTHPLACE (State or foreign country) INDEPENDENCE MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Kraas		13b. MOTHER'S MAIDEN NAME LOUISE HOMAN	
14. NAME OF HUSBAND OR WIFE LEAH KRAAS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 495-03-8847		17. INFORMANT'S SIGNATURE OR NAME MRS. LEAH KRAAS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 48 hrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arterio Sclerosis DUE TO (c) → II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility (age 71)	
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) m.		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 June , 1950, to Oct 30 , 1950, that I last saw the deceased alive on Oct 28 , 1950, and that death occurred at 7:02 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE Ralph Perry		23b. ADDRESS 4800 East 24	
23c. DATE SIGNED Oct 30, 1950		24a. BURLIAL CREMATION (Specify) BURIAL	
24b. DATE Nov-19-1950		24c. NAME OF CEMETERY OR CREMATORY WOODLAWN CEMETERY	
24d. LOCATION (City, town, or county) (State) Independence Missouri		25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newcomer	
DATE REC'D BY LOCAL REG. 11-1-50		REGISTRAR'S SIGNATURE Sheraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newcomer		ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.	

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Jess T. Deans

Signed.....
Student Embalmer

Licensed Embalmer No. *4453*

P. O. Address *25 Omar Ct*

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.