.S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34006

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 5595 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANDVIEW-RURAL
c. LENGTH OF STAY (In this place): 66 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.R. #1 Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GRANDVIEW RURAL
d. STREET ADDRESS (If rural, give location): R.R. #1 Road 0480 A

3. NAME OF DECEASED (Type or Print)
a. (First): Mildred
b. (Middle): ETHEL
c. (Last): KRAAS

4. DATE OF DEATH (Month) (Day) (Year): Oct. 31 - 1951

5. SEX: FEMALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: AUGUST-23-1894
9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: AT Home
11. BIRTHPLACE (State or foreign country): KANSAS CITY MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: THOMAS McDEARMON
13b. MOTHER'S MAIDEN NAME: PEARL E. DUNCAN
14. NAME OF HUSBAND OR WIFE: ALBERT A. KRAAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: ALBERT A. KRAAS
ADDRESS: R.R. #1 GRANDVIEW MO.

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, asthenia, 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: 11 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — years
DUE TO (c) arterio-sclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 15, 1950, *to* Oct. 31, 1951, *that I last saw the deceased alive on* Oct. 31, 1951, *and that death occurred at* 2 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ada B. Rader (Degree or title) M.D.
23b. ADDRESS: Martin City Mo.
23c. DATE SIGNED: 10-31-1951

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: NOV-3-1951
24c. NAME OF CEMETERY OR CREMATORY: FLORAL Hills CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE RECD BY LOCAL REG. 11/8/51
REGISTRAR'S SIGNATURE: Mrs. Annie S. Hodges 136
25. FUNERAL DIRECTOR'S SIGNATURE: D. H. Newcomer's Sons
ADDRESS: Kansas City Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOV 7 REC'D

APR 15 1952

SEP 17 1954

SEP 17 1954

Martin City
3: P.M.

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 Raymond F. Hoffman

Licensed Embalmer No. 4266

P. O. Address Kansas 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.