

FILED SEP 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26270  
3693

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KANSAS CITY T.B. HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>3812 HIGHLAND</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u>	b. (Middle) <u>J.</u>	c. (Last) <u>KRAUSE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8 21 55</u>
---	-----------------------	-------------------------	---

5. SEX <u>1</u> <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>9-13-1881</u>	9. AGE (In years last birthday) <u>73</u>	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
----------------------------------	-------------------------------	--	--------------------------------------	---	-------------------------	-----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BOOK KEEPER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Dep Store</u>	11. BIRTHPLACE (State or foreign country) <u>OSAGE CITY, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	--	---	---

13a. FATHER'S NAME <u>MICHAEL KRAUSE</u>	13b. MOTHER'S MAIDEN NAME <u>CAROLYN TRUETZEL</u>	14. NAME OF HUSBAND OR WIFE <u>X X</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>490-09-5875</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Shelka Krause</u>	ADDRESS <u>3812 Highland</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY TUBERCULOSIS</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		002 X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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) 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 Aug 11, 1955, to Aug 21, 1955, that I last saw the deceased alive on 8-21, 1955, and that death occurred at 2:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward P. Altman M.D.</u>	23b. ADDRESS <u>T.B. Hospital</u>	23c. DATE SIGNED <u>8-21-55</u>
--	--------------------------------------	------------------------------------

24a. FUNERAL CREMATION (REMOVAL) (City)	24b. DATE <u>8-23-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo</u>
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>8-22-55</u>	REGISTRAR'S SIGNATURE <u>neva minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wagner Funeral Home</u>	ADDRESS <u>K 6 Mo.</u>
--	---	--	---------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Edward P. Altman

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 Abrie R. H. Henschel

Signed.....  
Student Embalmer

Licensed Embalmer No. 4159

P. O. Address K. E. 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.