

FILED OCT 24 1956

STANDARD CERTIFICATE OF DEATH

34069

STATE FILE NUMBER

Registration District No. 129 Primary Registration District No. 1002 Registrar's No. 4120

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>CLAY</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>KANSAS CITY, N. 501st</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. GENERAL HOSPITAL</u>		Length of stay in 1b <u>56 YEARS</u>	d. STREET ADDRESS <u>3723 E. 37th TERRACE No. 107</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>PAUL</u> Last <u>KRAUS</u>			4. DATE OF DEATH <u>OCTOBER 9 1956</u> Month <u>OCTOBER</u> Day <u>9</u> Year <u>1956</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>OCTOBER 4, 1877</u>	9. AGE (In years last birthday) <u>79</u> 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) <u>SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PRINTING & STATIONERY Co.</u>		11. BIRTHPLACE (City and state or country) <u>POMONA, KANSAS</u>	
13. FATHER'S NAME <u>GEORGE KRAUS</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
14. MOTHER'S MAIDEN NAME <u>ELLA JENKINS</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		
16. SOCIAL SECURITY NO. <u>487-07-6940</u>		17. INFORMANT <u>MRS. ARMINIA KRAUS, 3723 E. 37th TERRACE No.</u> Address _____			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Arteriosclerosis</u> DUE TO (b) <u>Atherosclerotic Heart Disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH <u>4:00</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Geo. C. Kealhofer, Deputy Coroner</u>			22b. ADDRESS <u>6627 Perfect 5th Ave</u>		22c. DATE SIGNED <u>10/10/56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>OCT. 12, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WHITE CHAPEL MEAD GARDENS</u>		23d. LOCATION (City, town, or county) (State) <u>CLAY COUNTY MISSOURI</u>
24. FUNERAL DIRECTOR <u>D. H. Newcomer, Inc., Kansas City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-11-56</u>		26. REGISTRAR'S SIGNATURE <u>Man Marshall</u>	

(Licensed Embalmer's Statement on Reverse Side)

300
-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION
Geo. C. Kealhofer, Deputy Coroner

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.....
Signature of Student Embalmer

Signed *Adrian Jay Stitt*

Licensed Embalmer No. *H. B.*

P. O. Address *N. C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.