

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 2 2 6

FILED VS DEC 21 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5906 STATE FILE NUMBER

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, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 18 yrs.	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1035 Broadway Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) JOHN ^{First} FRANK ^{Middle} KRYKANT ^{Last} KREIGER		4. DATE OF DEATH Month 12 Day 5 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 11-7-95
9. AGE (last birthday) 64		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and state or country) Detroit, Michigan
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME John Krykant	13b. MOTHER'S MAIDEN NAME Josephine Muszanowska
14. NAME OF HUSBAND OR WIFE Mabel "unknown"		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) unknown	16. SOCIAL SECURITY NO. 487-09-4696
17. INFORMANT Baptismal Cert. & Misc. Papers & Friends		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) Widespread Carcinoma of the Rectum		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ p.m.	Month, Day, Year		
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 6-4-59 to 12-5-59 and last saw her/him alive on 12-5-59
Death occurred at 7:15 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>H. Dwyer</i> (Degree or title)	22b. ADDRESS M.D. 2400 Cherry K.C., Mo.	22c. DATE SIGNED 12-5-59
---	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-11-59	23c. NAME OF CEMETERY OR CREMATORY Mount Saint Mary's	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
--	------------------------------	---	---

24. FUNERAL DIRECTOR WEILERT FUNERAL HOMES (W) K.C., MO.	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-8-59	26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>
--	---------	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Dwyer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed B. E. Wulst

Licensed Embalmer No. 4075

P. O. Address R. C. S.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.