. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1174

FILED FEB 3 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 340

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 5969 PASEO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 4 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 5969 PASEO 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME FANNIE REBECCA KRAPER

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife HENRY F KRAPER

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased OCT (Month) 16 (Day) 1865 (Year)

8. AGE: Years 82 Months 3 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace McLEANSBORO (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation

11. Industry or business AT HOME

FATHER
12. Name Dr. — GLASS
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Sarah Frances Davis
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Charles D. Kraper
(b) Address 5969 Paseo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof JAN. 25, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Metropolis Ill.

18. (a) Signature of funeral director D. W. Newcomer Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 1-24-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 23rd
year 1948 hour 6 minute 45 P M.

21. I hereby certify that I attended the deceased from July 23, 1946 to Jan 23, 1948
that I last saw her alive on 31 Dec. 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart Disease & Hypertensive CD Dis. & Auricular fibrillation	10 yr
Due to Genl arteriosclerosis	
Due to	
Other conditions Carcinoma Colon (In the pregnancy within 3 months of death)	8 mo
Old Hemiplegia	2 yr.

Major findings:
Of operations
Of autopsy 46

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Mahlon H Delp (M. D. or other)
Address 315 Alameda Date signed 24 Jan 1948
KC Mo

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Plaza Med. Bldg - 1-5-Sat.

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed D. P. Nofsinger

Licensed Embalmer No. 3928

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.