

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

66B MAR 16 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6253
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 197
(b) Township Gallatin Primary Registration District No. 5276A Registered No. _____
(c) City North Kansas City, Mo. (d) Street No. Route #4 St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Route 4 North Kansas City, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. S. Kurtz
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4, 1859
7. AGE YEARS 79 MONTHS 4 DAYS 0 If LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maunburg, Germany

FATHER 13. NAME Schroeder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Ruth K. Ewing
(ADDRESS) Route #4 North Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cherry Hill, KC Mo DATE Feb 6 1939

19. FUNERAL DIRECTOR (NAME) Morton Funeral Home
(ADDRESS) North Kansas City, Mo.

20. FILED Mar. 1 1939 Viola C. Moyer
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4 1939

22. HEREBY CERTIFY, That I attended deceased from Jan 29 1899 to 2-4 1939
I last saw him alive on 2-4 1939 Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration
(Chronic)
G.C.

Date of onset

Other contributory causes of importance:

Senile Dementia
Arteriosclerosis
Arterio Sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____
(Signed) Donald L. Wadswell, M. D.
(Address) North Kansas City, Mo.

RECEIVED
District Health Officer No. 8
District File Number
9/13/89
Date Filed

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, Personally, or by _____
Registered Apprentice No. _____, working under my personal supervision.

Signed Harold L. Posson
Licensed Embalmer No. 3605
P. O. Address North Hill 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, above space should be left blank.