DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31523

OCT 18 1939

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3621

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: Research Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days, 9hrs. 40" (Specify whether

In this community 41 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 2214 West 39th St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 41 Years years.

3. (a) PRINT FULL NAME Karl Albin Hetze 320

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Martha Hetze

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased May (Month) 31, (Day) 1871 (Year)

8. AGE: Years 68 | Months 3 | Days 15 | If less than one day ___ hr. ___ min.

9. Birthplace Reubenau Saxony, Germany (City, town, or county) (State or foreign country)

10. Usual occupation Repair Man

11. Industry or business William Volker & Co. 6

FATHER
12. Name Ludwig Hetze 6
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amelia Becher 6
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Martha Hetze

(b) Address 2214 W 39th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 18-1939 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director John W. Wagner

(b) Address Kansas City, Missouri

19. (a) Sept 16-1939 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15th year 1939 hour 5:45 P.M. minute ___ M.

21. I hereby certify that I attended the deceased from Sept 8/39 39, to Sept 15, 1939; that I last saw him alive on Sept 15, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Chr Myocarditis and Valvular heart disease — Duration years

Due to 92a

Due to

Other conditions Congestive heart failure — 5 mths
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Myocarditis

PHYSICIAN

Underline the cause to 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 J. V. Dell (M.D. or other)

Address 1122 Professional Bldg Kemo Date signed 9/16/39

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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

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.

50M-5-17-39
Rev. 5-17-39
1 X19511

Dr. J. V. Bell
Prof. Bg. Vi. 4238

MAR 18 1948

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 A R Hauschild

Licensed Embalmer No. 7062

P. O. Address K. C. 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.