DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31556

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 3654

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: 217 West 34th St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether In this community 14 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 217 West 34th St. (If rural, give location)

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

3. (a) PRINT FULL NAME William Francis Sulzen 425

3. (b) If veteran, name war no

3. (c) Social Security No. 496-10-9464

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Josephine K. Sulzen

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased April (Month) 7, (Day) 1876 (Year)

8. AGE: Years 63 Months 5 Days 9 If less than one day ____ hr. ____ min.

9. Birthplace Lecompton, (City, town, or county) Kansas (State or foreign country)

10. Usual occupation ~~Retired Farmer~~ Hotel Employee

11. Industry or business Bellrive Hotel

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

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

16. (a) Informant's own signature Mrs Josephine Sulzen

(b) Address 217 West 34th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 19, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Calvary K.C. K.

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

(b) Address Kansas City, Mo.

19. (a) Sept 18, 1939 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16th year 1939 hour 1:30 P.M. minute ____ M.

21. I hereby certify that I attended the deceased from 9-12-39, 19__, to 9-16-39, 19__; that I last saw him alive on 9-14, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage -	6 days
Due to Hypertension	
Due to Hypertension with many convulsions	2 year
Other conditions (Include pregnancy within 3 months of death) as above	820

Major findings:
Of operations none
Of autopsy no

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) no

(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? no (e) Means of injury ✓

23. Signature N. C. Speer (M. D. or other)

Address 3204 Coleman KC Date signed 9-18-39

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 X19511

Dr. N. C. Speer
3204 Coleman Rd.
We. 6743
602 Parkard.

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address.....

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.