

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson **9**
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
536 Brooklyn
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 40 yrs
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Carl Jantsch 532

8. (b) If veteran, name war none 8. (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 Martha Jantsch 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May 30 1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 27 If less than one day hr. min.

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

10. Usual occupation Retired Salesman

11. Industry or business Real Estate

12. Name no Record

13. Birthplace no Record
(City, town, or county) (State or foreign country)

14. Maiden name no Record

15. Birthplace no Record
(City, town, or county) (State or foreign country)

16. (a) Informant Harry A Jantsch

(b) Address 4135 Campbell

17. (a) Burial (b) Date thereof June 27 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mr C L Foster

(b) Address 918 Brooklyn N.E. Mo.

19. (a) June 28, 1940 (b) Mr. M. Crowe
(Date received local registrar) (Registrar's signature)

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. 536 Brooklyn
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Unknown years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th
year 1940 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct 1
1939, to June 27, 1940
that I last saw him alive on June 27, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death anurular fibrillation Duration 4 days

Due to myocardial infarction Sabbath

Due to chronic arteriosclerosis 5 years

Other conditions 131
(Include pregnancy within 3 months of death)

Major findings:
Of operations X

Of autopsy X

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 X

(c) Where did injury occur? X
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
X

While at work? X (Specify type of place) (e) Means of injury X

23. Signature Wm Sidney Spicer (M. D. or other) 7-20

Address 430 1/2 Madison Date signed 6/27/40

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

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

Herzil C. Browning

Licensed Embalmer No. *2724*

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.