No. 2
-13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41360

Registrar's No. 4753

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: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether

In this community 55 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. 3528 Chestnut
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 55 years years.

3. (a) PRINT FULL NAME Mrs. Emma Stortz

3. (b) If veteran, name war xx

3. (c) Social Security No. No

4. Sex Fe

5. Color or race Wh

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

6. (b) Name of husband or wife George Stortz

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April (Month) 1 (Day) 1877 (Year)

8. AGE: Years 63 Months 8 Days 11 If less than one day ___ hr. ___ min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Frederick W. Kettler
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Sophia Heuer
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant George Stortz
(b) Address 3528 Chestnut

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-40 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director J W Wagner
(b) Address Kansas City, Mo.

19. (a) 12/13/40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12 year 1940 hour 12 minute 07 A M.

21. I hereby certify that I attended the deceased from Sept. 15, 1940, 19__, to Dec. 12, 1940 that I last saw her alive on Dec. 11, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death ~~[illegible]~~ Carcinoma, left breast.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [illegible] (M. D. or other) M.D.
Address 5119 [illegible] Date signed 12/13/40

(Licensed Embalmer's Statement on Reverse Side)

3119 Stoney
FA 6060

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. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas city Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.