

MAR 14 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 527

48
3
8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Mos. & 3 days
(Specify whether)

In this community 35 years
years, months or days

3. (a) PRINT FULL NAME KARL METZELTHIN

(b) If veteran, name war 710

(c) Social Security No. None

4. Sex Male

5. Color or race wh

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

6. (b) Name of husband or wife Marie Metzeltin

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Aug 22-1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 5 Days 12 If less than one day hr. _____ min. _____

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

10. Usual occupation Miter Seter

11. Industry or business N.E. Water Dept

12. Name Karl Metzeltin

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

14. Maiden name No Record

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

16. (a) Informant Marie Metzeltin

(b) Address 1532 Montgall

17. (a) Burial (b) Date thereof 2-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edwards

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

(b) Address 710 E. No

19. (a) 2-5-41 (b) M.M. Crowe
(Date buried 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. 1532 Montgall
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4th
year 1941 hour 12 minu 20 A. M.

21. I hereby certify that I attended the deceased from 12-1-40, 19____, to 2-4-41, 19____;
that I last saw h. im alive on 2-4-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease with decompensation

Due to 93A

Due to _____

Other conditions 93A
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy None

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? _____

While at work? DR. Thom MD (Specify type of place) (e) Means of injury 0

23. Signature DR. Thom MD (M. D. or other) 2-4-41
Address Med. Dir. K.C. Gen Hospital Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. Haenschel*

Licensed Embalmer No. *4159*

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, fact should be so stated above.