

FILED SEP 12 1941

Registration District No. **279**

Primary Registration District No. **1002**

Registrar's No. **3025**

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 1 Mo. 21 days
(Specify whether years, months or days)
 In this community No Record (Specify whether 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. 1119 Troost Avenue
(If rural, give location)
 (e) Citizen of foreign country? No Record (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM FRANZ
 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 Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 1872
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug. day 7th
 year 1941 hour 8:00 minute 40 P. M.
 21. I hereby certify that I attended the deceased from 6-16-41 19 to 8-7-41 19
 that I last saw him alive on 8-7-41 19
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of right jaw
 Duration _____
 Due to HSA #88
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

8. AGE: Years 69 Months 7 Days 2 If less than one day _____ hr. _____ min.
 9. Birthplace Germany 4
(City, town, or county) (State or foreign country)
 10. Usual occupation At Home
 11. Industry or business Retired
 12. Name George Franz
 13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
 14. Maiden name No Record
 15. Birthplace Germany 4
(City, town, or county) (State or foreign country)
 16. (a) Informant Mr. J. S. DeAvila
 (b) Address 1119 Troost
 17. (a) Burial (b) Date thereof 8-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cemetery
 18. (a) Signature of funeral director John W. Wagner
Kansas City, Missouri
 (b) Address 911/41
 19. (a) 9/11/41 (b) M. D. Brown
(Date received local registrar) (Registrar's signature)

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) _____ (a) Means of injury _____
 While at work? _____
 23. Signature Dr. R. Thom (M. D. or other) 0
 Address Med. Dir. K.C. Gen. Hospital Date signed _____

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

MOTHER FATHER

18
3
8

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.

4159

P. O. Address.....

K. E. 240

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.