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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 37414

Registrar's No. 4209

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: 2529 Askew
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 58 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. 2529 Askew
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 58 years.

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3. (a) PRINT FULL NAME Ludwig G. Stoeltzing

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Lena Stoeltzing

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

7. Birth date of deceased Dec. 12, 1869
(Month) (Day) (Year)

8. AGE: Years 72 | Months 0 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Sheet Metal Worker

11. Industry or business 2610 Indiana

FATHER
12. Name No Record
13. Birthplace ..... Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No record
15. Birthplace ..... Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lena Stoeltzing
(b) Address 2529 Askew

17. (a) Burial
(Burial, cremation, or removal)
(b) Date thereof Nov. 12, 1941
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn

19. (a) 11-12-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10
year 1941 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 10 00 P.
..... 19..., to ..... 19...;
that I last saw ..... alive on ..... 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Due Chronic myocarditis

Due to 93.0

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

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 [signature] (M. D. or other)
Address K.C. Mo Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed C. H. Wise

Licensed Embalmer No. 2570

P. O. Address Kansas City

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

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