

DEC 22 1941 399
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4268

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. & 20 days
(Specify whether
In this community Unknown
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. 707 West 10th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Maud Klotz

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Femal 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John B Klotz 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Dec. 18 (Month) (1898-1988) (Day) (Year)

8. AGE: Years 53 Months 10 Days 26 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Do not know
13. Birthplace Do not know (City, town, or county) (State or foreign country)
14. Maiden name Do not know
15. Birthplace Do not know (City, town, or county) (State or foreign country)

16. (a) Informant John B Klotz
(b) Address 707 West 10th St.

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

(c) Place: burial or cremation Maple Hill K. C. K.

18. (a) Signature of funeral director Passantino Bros.

(b) Address K. C. Mo. in m. Crown

19. (a) 11-17-41 (Date received local registrar) (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14th year 1941 hour 4 minute 40 P M.

21. I hereby certify that I attended the deceased from 9-25-41 19____ to 11-14-41 19____

that I last saw her alive on 11-14-41 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of ovary with hydroureter and Hydronephrosis left

Due to _____
Due to H/A

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

Major findings: Of operations _____
Of autopsy See above

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? _____

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

23. Signature Druey P. Thom (M. D. or other) _____
Address Med. Dir. K. C. Gen. Hospital Date signed _____

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... Park G. Rowe

Licensed Embalmer No. 2347

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.