

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

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:
2736 Wabash /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 55 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson ⁴⁸
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 2736 Wabash
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Charles Lutz
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Male 5. Color or race Wh
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Mrs. Barbara Lutz
 6. (c) Age of husband or wife if alive XX years
 7. Birth date of deceased November 11 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 6
 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Saloonkeeper

MOTHER, FATHER
 12. Name Casper Lutz
 13. Birthplace Germany ⁴
(City, town, or county) (State or foreign country)
 14. Maiden name Gertrude Brinkramer
 15. Birthplace Germany ⁴
(City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. Pearl Hellman

(b) Address 2736 Wabash

17. (a) Burial (b) Date thereof 1-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)
Green Lawn Cemetery

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

19. (a) 1-19-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 17th
 year 1942 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov. 38, 1941, to Jan 17, 1942
 that I last saw him alive on Jan 16, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
hypertension
 Due to Chronic Intestinal
hypertension
 Due to 131B
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy Chronic Myocarditis
Coronary sclerosis
 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 _____
 23. Signature M. M. Brown (M. D. or other) MD
 Address 4316 E 9th Date signed 1-19-42
K.E. Mo.

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

4316 E 9th
BF 0162

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..... *Cecil R. Matthes*

Licensed Embalmer No. *3807*

P. O. Address. *Kansas City, 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.