

FILED APR 25 1942

Registration District No. 299

Primary Registration District No. 1002

4838

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

1. PLACE OF DEATH: Jackson

(a) County: Jackson

(b) City or town: Kansas City

(c) Name of hospital or institution: 3938 Olive

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

(d) Length of stay: In hospital or institution. 57 Years

In this community: 57 Years

(Specify whether years, months or days)

3. (a) PRINT FULL NAME: AMELIA KUNTZ

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Fe.

5. Color or race: Wh.

6. (a) Single, widowed, married, divorced: WIDOW

6. (b) Name of husband or wife: JOHN KUNTZ

6. (c) Age of husband or wife if alive: 1863 years

7. Birth date of deceased: Oct. 13, 1863

(Month) (Day) (Year)

8. AGE: Years 78, Months 35, Days 18

If less than one day: hr. min.

9. Birthplace: Karlsbad, Austria

(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Homemaker

11. Industry or business: None

MOTHER FATHER { 12. Name: Joseph Reif

13. Birthplace: Austria

14. Maiden name: Anna Butts

15. Birthplace: Austria

(City, town, or county) (State or foreign country)

16. (a) Informant: Theodore L. Koontz

(b) Address: 3938 Olive

17. (a) Burial (b) Date thereof: 4-4-42

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Hill

18. (a) Signature of funeral director: C. H. BLACKMAN & SON, INC.

(b) Address: 2825 Indep. Blvd., Kansas City, Mo.

19. (a) 4-4-42 (b) M. M. Crow

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City

(d) Street No.: 3938 Olive

(If rural, give location)

(e) Citizen of foreign country? No

If yes, name country: 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1

year 1942 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb 28 1942 to March 29 1942

that I last saw her alive on March 23 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Metastatic Malignancy of Liver. Hospital died (Quar)

Due to: Cancer of R. Breast

Due to: Reported about 3 years ago.

Other condition: (Include pregnancy within 3 months of death)

Major findings: Of operations: none

Of autopsy: none

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? .....

(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: 5

23. Signature: M. M. Crow (M. D. or other) Date signed: 4/4/42

Address: 811 Chamber St. City

*Chambers Valley*

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**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 *B. H. Blochman*

Licensed Embalmer No. *2244*

P. O. Address.....

**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.**