V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1942

Registration District No. 39

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4002

State File No. 13406

Registrar's No. 1822

**1. PLACE OF DEATH:**
(a) County: Jackson
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Lukes Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 weeks (Specify whether years, months or days)
In this community: 2 weeks

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Kansas (b) County: 9
(c) City or town: Clay Center (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Inez Cecelia Kretz
3. (b) If veteran, name war: -----
3. (c) Social Security No. ----
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Thomas Kretz
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: Jan. 31 1904 (Month) (Day) (Year)
8. AGE: Years 38 Months 3 Days 16 If less than one day hr. min.
9. Birthplace: Clay Center Kansas (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
MOTHER FATHER
12. Name: Gus Swenson
13. Birthplace: No record (City, town, or county) Sweden (State or foreign country)
14. Maiden name: Augusta Johnson
15. Birthplace: No record (City, town, or county) Sweden (State or foreign country)
16. (a) Informant: Arthur Swenson
(b) Address: Lenexa Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 9 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Clay Center Kansas
18. (a) Signature of funeral director: Kates Funeral Home
(b) Address: Kansas City Kansas
19. (a) 5-8-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 7 year 1942 hour 7:15 a.m. minute a.m.
21. I hereby certify that I attended the deceased from April 25, 1942, to May 7, 1942, that I last saw her alive on May 6, 1942, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Chronic diffuse nephritis | 10 years |
| Due to: Chronic oral sepsis (Teeth + tonsils) | 26 years |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): Arterial hypertension + uremia | 10 years ?? 2 months |

Major findings:
Of operations: No operation
Of autopsy: Confirmed above diagnosis

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: P. T. Bohan (M. D. or other)
Address: Plaza Med. Bldg. Date signed: 5-7-42

341 (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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Jimmy S. Huckabee

Licensed Embalmer No. 4092

P. O. Address N. C. Kenman

**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.**