S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 3 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

20313

State File No.

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2401

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

1. PLACE OF DEATH: Jackson
(a) County Kansas City
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2729 Park
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 3 years, 6 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2729 Park 8
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Franz Jeltz
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Doralouise Jeltz
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased April (Month) 2 (Day) 1909 (Year)

8. AGE: Years 33 Months 2 Days 17 If less than one day hr. min.

9. Birthplace (City, town, or county) Oklahoma (State or foreign country)
10. Usual occupation Chauffeur
11. Industry or business
FATHER
12. Name Nathaniel Jeltz
13. Birthplace (City, town, or county) Okla. (State or foreign country)
MOTHER
14. Maiden name Pearl White
15. Birthplace (City, town, or county) Kansas (State or foreign country)
16. (a) Informant Loralouise Jeltz
(b) Address 2729 Park
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 6/23/42 (Month) (Day) (Year)
(c) Place: burial or cremation Topeka ~~Lawrence~~, Kansas
18. (a) Signature of funeral director Atkins Bros.
(b) Address 1729 Lydia
19. (a) 6/22/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 19
year 1942 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from 3-30-1942 to 6-19-1942
that I last saw him alive on 6-19-1942
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to Hypertensive Type Heart
Due to Disease (Essential)
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations —
Of autopsy None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

93 D

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 1830 Vine St Date signed 6/21/42

(Licensed Embalmer's Statement on Reverse Side)

P 1

561

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.....D. J. Manlove.....

Licensed Embalmer No.....3994.....

P. O. Address.....2503 Highland.....

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.