

FILED MAY 6 1943

Registration District No. **149**

Primary Registration District No. **1002**

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:
614 W. 13th St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **15 years** (Specify whether 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. **614 W. 13th St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Mr. George J. Blitzsch**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **493-12-9679**

4. Sex **Male** 5. Color or Race **White** 6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **January 27 1892**
(Month) (Day) (Year)

8. AGE: Years **51** Months **2** Days **29** If less than one day hr. min.

9. Birthplace **Peru Ill. /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business

12. Name **John Blitzsch**
13. Birthplace **Peru Ill. /**
(City, town, or county) (State or foreign country)

14. Maiden name **Mrs. Christina Dillie**

15. Birthplace **Peru Ill. /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Eva Gordon**

(b) Address **614 W. 13th St.**

17. (a) **Burial** (b) Date thereof **4-29-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Floral Hills Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Mo.**

19. (a) **4-29-43** (b) **M. W. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **26**
year **1943** hour..... minute..... M.

21. I hereby certify that I attended the deceased from **4-26**
19**43** to **4-26** 19**43**
that I last saw **him** alive on **4-26** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary explosion 3 day
either rupture or occlusion

Due to.....
arterio sclerosis

Due to.....
74A

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

Major findings:
Of operations.....
Of autopsy.....

Duration
3 day
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) **no**
(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?.....

While at work? **no** (Specify type of place) (e) Means of injury.....

23. Signature **N. C. Speer** (M. D. or other)
Address **3204 Coleman KC Mo** Date signed **4-27-43**

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

MOTHER FATHER

1-5
2201 E. Main St
Rt 1752
P.O. Box
1100 Allen

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 Clarence W. Child
Licensed Embalmer No. 3473
P. O. Address X C 260

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.