V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13243

State File No.

FILED MAY 5 1949

Registration District No. 1049

Primary Registration District No. 1002

Registrar's No. 1808

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: 1333 Grand Avenue /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 37 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 8704 Wilson Road
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Michael (Mike) Katowitz

3. (b) If veteran, name war none

3. (c) Social Security No. 499-10-7488

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mae Edna

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased November 5th 1891
(Month) (Day) (Year)

8. AGE: Years 51 | Months 5 | Days 7 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Waiter

11. Industry or business Foods

FATHER
12. Name unknown
13. Birthplace Austria (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace Austria (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mae Edna Katowitz

(b) Address 8704 Wilson Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 17, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Joyce Funeral Home

(b) Address 3146 Main St

19. (a) 4-16-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th year 1943 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from ___ 19__, to ___ 19__; that I last saw h Deputy Coroner 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Luetic Heart Disease

Due to

Due to 30 E

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See Above

Duration

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 A. E. Ussher (M. D. or other) M.D.

Address 23rd McCoy Date signed 4/14/43

(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.....

Licensed Embalmer No.....

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.