

FILED JUN 24 1943
799

Registration District No.

Primary Registration District No. 1002

Registrar's No. 2560

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:
4429 Highland Avenue /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 4429 Highland Avenue
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany

3. (a) PRINT FULL NAME Mrs. Kathrina Barbara Pratz

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Mr. Fred G. Pratz, Sr.

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased November 6 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>6</u>	<u>27</u> hr. min.

9. Birthplace Gelbringen Germany 4/
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name George Eckstein

{ 13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

{ 14. Maiden name Barbara Kase

{ 15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dreda Spratter

(b) Address 4429 Highland

17. (a) Removal Removal (b) Date thereof 6-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiawatha, Kans.

18. (a) Signature of funeral director D. H. Newcomers, Sone

(b) Address 1401 Brush Creek Blvd.

19. (a) 6-5-43 (b) H. H. Groov
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd
year 1943 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 1
1943 to June 3 1943
that I last saw him alive on June 3 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis and Interstitial Nephritis Hypostatic Pneumonia 3 days
Chronic Myocarditis 6 mo
Due to Hypertensive Interstitial Nephritis 3 yrs
Other conditions 131 B
(Include pregnancy within 3 months of death)

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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?.....

While at work?..... (Specify type of place)
Means of injury.....

23. Signature J. P. Thompson M. D. or other.....
Address 3800 829th Reno Date signed 6-8-43

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

3800 East 27th Street
1-5

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..... *Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address..... *15 e mo.*

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.