

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: **K. C. General Hospital No. 10**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **25 mins.**
In this community **25 yrs.** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **James Kritzer**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept 26 - 1875**
(Month) (Day) (Year)

8. AGE: Years **68** Months **0** Days **20** If less than one day **19** hr. _____ min.

9. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired P. O.**

MOTHER FATHER
11. Industry or business _____
12. Name **Frank Kritzer**
13. Birthplace **Hungary**
(City, town, or county) (State or foreign country)
14. Maiden name **Josephine**
15. Birthplace **Hungary**
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**
(b) Address **1500 Sun Street**
17. (a) **Burial** (b) Date thereof **Oct. 19-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Greenlawn**
18. (a) Signature of funeral director **Ernest Mayberry**
(b) Address **2315 Linwood St**
19. (a) **10-20-43** (b) **J. E. Brown**
(Date received local registrar) (Registrar's signature)

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. **5341 Myrtle**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct.** day **15th**
year **1943** hour **6** minute **55 A.M.**

21. I hereby certify that I attended the deceased from **Oct. 15th 1943** to **Oct. 15th 1943**
that I last saw him alive on **Oct. 15th 1943**
and that death occurred on the date and hour stated above.
Immediate cause of death **Coronary thrombosis and myocardial infarction** Duration _____

Due to _____
Due to **gyn**
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy **See above**

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? _____
While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature **Dr. J. R. Shou** (M. D. or other) _____
Address **Med. Dir. Gen'l Hosp.** Date signed **10-15-43**

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

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..... *Ray E. Snow*

Licensed Embalmer No. *2560*

P. O. Address..... *A.C.M.*

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.