

DEC 22 1943
Registration District No. 149

Primary Registration District No. 1002

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

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:
3702 EAST 25TH STREET 1
(If not in hospital or institution, write street number or location)

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

In this community 29 YEARS

3. (a) PRINT FULL NAME MR WILLIAM ADAM KRATZ

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 MARRIED

6. (b) Name of husband or wife MRS. OLIVIA AMELIA KRATZ

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased DECEMBER-14-1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace PALMYRA MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation LAILOR

11. Industry or business OWN BUSINESS

MOTHER FATHER } 12. Name John Wm KRATZ

13. Birthplace German
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Dresser

15. Birthplace German
(City, town, or county) (State or foreign country)

16. (a) Informant Olivia Amelia Kratz

(b) Address 3702 E. 25th St

17. (a) BURIAL (b) Date thereof 12-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEM.

18. (a) Signature of funeral director W. H. Newcomer, Lone

(b) Address 1401 BRUSH GREEN BLVD

19. (a) 12-11-43 (b) W. C. 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. 3702 EAST 25TH STREET
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 10TH
year 1943 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from 9-14, 1943 to 12-10, 1943
that I last saw h. lm. alive on 12-10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis?
Hypertension

Due to Senility

Due to 93d

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

Major findings:
Of operations _____

Of autopsy _____

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)

Means of injury _____

23. Signature James Laimore? (M. D. or other) D.O.
Address 618 Bryant Bldg Date signed 12-11-43

Walter and Betty

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 *R. C. Moore Jr*
Licensed Embalmer No. 4043
P. O. Address *R. C. Moore*

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.