

Registration District No. 154

Primary Registration District No. 557J

Registrar's No.

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town. RURAL WASHINGTON TOWN.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 MILES EAST GRANDVIEW
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community 52 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19
(c) City or town Grandview Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 MILES EAST GRANDVIEW,
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME VINCENT KURZWEIL

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife BERTHA KURZWEIL 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased MARCH 23 1869
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 28 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER { 12. Name VINCENT KURZWEIL
13. Birthplace AUSTRIA 4
(City, town, or county) (State or foreign country)
14. Maiden name CATHERINE HOBBSK
15. Birthplace AUSTRIA 4
(City, town, or county) (State or foreign country)

16. (a) Informant MRS BERTHA KURZWEIL
(b) Address GRANDVIEW, MO.

17. (a) BURIAL (b) Date thereof JAN 24, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation LEES SUMMIT, MO

18. (a) Signature of funeral director QUARK + TOBIN
(b) Address K. C. MO

19. (a) Jan 25, 1944 (b) Dr. Annis B. Hedges
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21
year 1944 hour 1 minute 05 P.M.

21. I hereby certify that I attended the deceased from Jan 20 1944 to Jan 21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia caused following proctitis. Duration

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 137a

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) (c) Means of injury

23. Signature P. M. Miller (M. D. or other) Address Belton MO Date signed 1-24-44

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

48
0
0

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..... *Charles Junk*

Licensed Embalmer No..... *396*

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.