

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: 401 EAST 36TH STREET
EVA D PROUT BOARDING HOME FOR ELDERLY PEOPLE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 mos.
(Specify whether years, months or days) 44 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 1814 EAST 48TH STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR ALBERT N PRINTZ

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MRS NANCY C PRINTZ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased SEPTEMBER 18 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 8 If less than one day hr. _____ min.

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

10. Usual occupation CARPENTER

11. Industry or business _____

MOTHER FATHER { 12. Name EDWARD F PRINTZ
13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)
14. Maiden name MARTHA ANN SMITH
15. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clara M New
(b) Address 1814 E 48th

17. (a) BURIAL (b) Date thereof FEB 29 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MT MORIAH CEM.

18. (a) Signature of funeral director D H Newcomer
(b) Address 1401 BRUSH CREEK BLVD

19. (a) 2-29-44 (b) N. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB 26th day 26th year 1944 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1928 to 2/26/44
that I last saw him alive on 2/26/44 and that death occurred on the date and hour stated above.

Immediate cause of death: Palmar erythema 24 hrs.
Due to Chronic hypothyroidism
Due to trophic arthritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 59
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) (Specify type of injury)

23. Signature J. P. [Signature] (M. D. or _____)
Address 1165 [Address] Date signed 2/27/44

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

Prof. only
201105
Proctor

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..... *K. C. Newcomer Jr.*
Licensed Embalmer No. *4043*
P. O. Address..... *K. C. 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.