

FILED NOV 8 1944

Registration District No.

Primary Registration District No. 3013

Registrar's No.

105

1. PLACE OF DEATH:

(a) County CLAY
(b) City or town NORTH KANSAS CITY
(c) Name of hospital or institution: CORN-PRODUCT CO
(d) Length of stay: In hospital or institution.
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
(c) City or town Kan City Kansas
(d) Street No. 1937-North Valley
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES WILLIAM MAKETZ

3. (b) If veteran, name war _____ 3. (c) Social Security No. NO. N.E.

4. Sex Male 5. Color of hair White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thelma Maketz 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Jan 4 1890
(Month) (Day) (Year)

8. AGE: Years 54 Months 9 Days 9 If less than one day (hr.) (min.)

9. Birthplace Pittsburg Kan
(City, town, or county) (State or foreign country)

10. Usual occupation Night Watchman

11. Industry or business Business

12. Name Albert Maketz

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

14. Maiden name Cooper

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

16. (a) Informant C. B. Collins

(b) Address Corn Product Employees

17. (a) Burial (b) Date thereof 10-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cemetery

18. (a) Signature of funeral director Walter Edmund Holt

(b) Address North Kan City Mo

19. Oct 13-1944 (b) Paul H. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13 1944 year hour 1:35 minute a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____

Due to _____

Due to _____

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) Coronary Occlusion

(b) Date of occurrence Oct 13-44-1:35 a.m.

(c) Where did injury occur? N. Kansas City Clay Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial Place, Corn Product Plant

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

23. Signature Paul Crocher
Address Excelsior Spring Date signed 10-13-44

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

24
3
1

OCT 31 1945

RECEIVED

District Health Officer No. 8.

District File Number
11-6-77
NOV 16 1945

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 John S. Marlow

Licensed Embalmer No. 4349

P. O. Address North Reno

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.