V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36796

FILED DEC 4 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5-4641

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: 4005 Garfield 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no. (Specify whether years, months or days)
In this community: unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson, 48

(c) City or town: Kansas City, 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 4005 Garfield, 2
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: x 0

3. (a) PRINT FULL NAME: Mrs. Minnie Kurz

3. (b) If veteran, name war: no.

3. (c) Social Security No.: no.

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed, 2

6. (b) Name of husband or wife: John Kurz

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

7. Birth date of deceased: December (Month) 11 (Day) 1867 (Year)

8. AGE: Years 76 Months 11 Days 7 If less than one day hr. min.

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

10. Usual occupation: at home,

11. Industry or business: x

FATHER
12. Name: Fred Haver,
13. Birthplace: Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name: Unknown,
15. Birthplace: unknown, (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Mrs. Edith Engelhardt, 1
(b) Address: 4005 Garfield, Kansas City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11-18-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Delta, Colorado

18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-18-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18th
year 1944 hour 6:20 minute a M.

21. I hereby certify that I attended the deceased from ....., 19..., to Nov. 18, 1944
that I last saw h. alive on Nov. 17, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Failure	15 da
Due to: Myocardial Degeneration	2 yrs
Due to: Chronic Bronchitis	2 yrs
Asthma and Emphysema	6 mo
Other conditions (Include pregnancy within 3 months of death): Hypertension	2 yrs

Major findings:
Of operations: 13 X
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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: F. C. [illegible] (M. D. or other)
Address: 624 Professional Bldg. Date signed: Nov. 18 44

(Licensed Embalmer's Statement on Reverse Side)

Dr. F. C. Lamar

Proff Bode

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 S. Jallen

Licensed Embalmer No. 14151

P. O. Address H.C. Wa.

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.