

Registration District No. 149

Primary Registration District No. 1002

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: 1622 Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX
Life / (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1622 Jefferson
(If rural, give location)
(e) Citizen of foreign country? No () (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN RAYMOND FENZL

3. (b) If veteran, name war No 3. (c) Social Security No. 499-14-6704

4. Sex Ma 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alma Mae Fenzl 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased April 12 1900
(Month) (Day) (Year)

8. AGE: Years 44 Months 9 Days 21
If less than one day hr. _____ min. _____

9. Birthplace Kansas City Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Employee

11. Industry or business K.C. Water Works

MOTHER FATHER { 12. Name John Fenzl

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

14. Maiden name Kathleen Weilloxdorfer

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

16. (a) Informant Mrs. Alma Mae Fenzl

(b) Address 1622 Jefferson

17. (a) Burial (b) Date thereof 2-3-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director J.M. Wagner

(b) Address Kansas City, Mo.

19. (a) 2-3-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd
year 1945 hour 1: minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb. 2-45
to Feb 3 1945
that I last saw him alive on Feb 2 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis Duration Several weeks

Chronic

Due to South Nephritis + Hypertension

Due to _____

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

Major findings: 13/6 PHYSICIAN _____

Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signatures [Signature] (M. D. or other) _____

Address 400 Ogyle Date signed 2-3-45

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

Aug 11 - 4478

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..... *Cecil R. Matthes*
Licensed Embalmer No... *3807*
P. O. Address... *Kansas City, 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.