

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15773

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2141

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: 717 North Agnes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community 59 yrs
years, months or days (Specify whether)

3. (a) PRINT
FULL NAME

Crescentia Batliner

3. (b) If veteran,
name war no

3. (c) Social Security
No. none

4. Sex Female

5. Color or
race W

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

6. (b) Name of husband or wife Frank J.

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

7. Birth date of deceased Mar 25

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

81

1

22

hr.

min.

9. Birthplace Kenzing

(City, town, or county)

Austria

(State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Kristian Kessler

13. Birthplace Austria

(City, town, or county)

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14. Maiden name Kathryn Kuzle

15. Birthplace Austria

(City, town, or county)

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16. (a) Informant Leo A. Batliner

(b) Address 717 no. Agnes

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof 5/19/45

(Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Guyard & Son Co.

(b) Address 20 W. 2nd

19. (a) 5-18-45

(Date received local registrar)

(b) Geraldine Holmes

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City 40
(If outside city or town limits, write "RURAL")
(d) Street No. 717 No. Agnes 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 17
year 1945 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 14, 1945, to May 17, 1945,
that I last saw her alive on May 16, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY
OCCCLUSION

Duration

4 days

Due to CORONARY SCLEROSIS questioned

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 sta-
tistically.

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 Charles Kimmel (M.D. or other D.O.)
Address 2717 Rochester X.C. Mo. Date signed 5-17-45

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Chas. M. Zumb

Licensed Embalmer No.

3774

P. O. Address.

20 W. Linwood

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.