

FILED JUN 1 1945  
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  
(Specify whether years, months or days)

In this community 59 yrs  
(years, months or days)

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 **2** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Crescentia Batliner

3. (b) If veteran, name war no

3. (c) Social Security No. none

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.

4. Sex Female! 5. Color or race W

6. (a) Single, widowed, married, 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 1864  
(Month) (Day) (Year)

Immediate cause of death CORONARY OCCLUSION

Duration 4 days

8. AGE: Years 81 Months 1 Days 22 If less than one day hr. min.

Due to CORONARY SCLEROSIS questionable

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Neuzing Austria!  
(City, town, or county) (State or foreign country)

Major findings: 94a

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Kristian Kessler

13. Birthplace Austria 4  
(City, town, or county) (State or foreign country)

14. Maiden name Kathryn Kungze

15. Birthplace Austria 4  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Leo A. Batliner

(b) Address 717 no. Agnes

17. (a) Burial (b) Date thereof 5/19/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys

23. Signature Charles Kimmel (M.D. or other D.O.)  
Address 2717 Rochester N.E. Mo Date signed 5-17-45

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director George A. ... Co.

(b) Address 20 W ...

19. (a) 5-18-45 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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

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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. Zurb

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.**