

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 1363

FILED APR 8 1947
189

Registration District No. _____ 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: 2452 Washington
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether
In this community 65 years years, months or days)

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. 2452 Washington 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT MRS. FRIEDA C. GUTKNECHT
FULL NAME

3. (b) If veteran, name war XX

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 21
year 1947 hour 2: minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar 10
1947 to Mar 20 1947
that I last saw her alive on Mar 20 1947
and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race Wh

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

6. (b) Name of husband or wife Jacob Gutknecht

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

7. Birth date of deceased May 12 1859
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion

Due to Hypertension

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

8. AGE: Years Months Days If less than one day

87	10	9	hr. min.
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9. Birthplace Louisville Kv
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

Major findings: 94a

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business _____

12. Name Henry Harlamert

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

14. Maiden name Christina Harlamert

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

16. (a) Informant Henry W. Gutknecht

(b) Address 224 E. Maver Blvd

17. (a) Burial (b) Date thereof 3-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director J W Wagner
Kansas City, Mo.

(b) Address _____

19. (a) 3-24-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(c) 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 William P. Lott (M. D. or other) 723
Professional Bldg
Date signed 3/22/47

(Licensed Embalmer's Statement on Reverse Side)

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

VI - 1105

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.