. S. No. 2
M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 23 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21053

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2512

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: 906 CHARLOTTE Residence 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 35 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. 906 Charlotte Street 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MR. JOHN LOTZ
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of ~~husband~~ or wife MRS. MARY LOTZ
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased MARCH (Month) 29 (Day) 1862 (Year)

8. AGE: Years 85 Months 2 Days ~~10~~ 9 If less than one day ..... hr. ..... min.

9. Birthplace PITTSBURGH (City, town, or county) PENNSYLVANIA (State or foreign country)
10. Usual occupation RETIRED 27 YEARS
11. Industry or business OWN BUSINESS - SALON
FATHER
12. Name unknown
13. Birthplace (City, town, or county) GERMANY (State or foreign country)
MOTHER
14. Maiden name Elizabeth Barthol
15. Birthplace (City, town, or county) GERMANY (State or foreign country)
16. (a) Informant Mary Lotz
(b) Address 906 Charlotte
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof 6-10-47 (Month) (Day) (Year)
(c) Place: ~~burial or~~ cremation D.W. NEWCOMER'S SONS
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.
19. (a) 6-9-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 8TH year 1947 hour 5 minute 50 P. M.

21. I hereby certify that I attended the deceased from Jan 1944 to June 8, 1947 that I last saw him alive on June 8, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Cerebral Glomerulosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 131 b

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? 0 (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) MD
Address 101 x Army Bldg 12 Mo Date signed 6/9/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

1014 Wright Bldg.
2-5

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 Jess T. Dews

Licensed Embalmer No. 4453

P. O. Address Kansas

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.