

3. No. 2  
-12-45  
5-17-39  
X47070

FILED JUN 17 1947

State File No. \_\_\_\_\_

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2470

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

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: 812 Benton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 months  
In this community Life  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. L. Justine Trautwein  
3. (b) If veteran, name war no.  
3. (c) Social Security No. no.

4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Albert A. Trautwein  
6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased July 20 1892  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 10 13 hr. min.

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

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER

12. Name Gisela Holtz 4  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Louise Hertzell (Hertzell)  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Albert A. Trautwein  
(b) Address 2925 Bales, Kansas City, Mo.

17. (a) burial (b) Date thereof 6-5-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FLORAL HILLS  
Stine & McClure

18. (a) Signature of funeral director  
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-5-47 A. Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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") 8  
(d) Street No. 2925 Bales 0  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8  
year 1947 hour 7:15 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 15 1947 to June 3 1947  
that I last saw her alive on June 3 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Pyelitis  
& Chronic Nephritis Duration \_\_\_\_\_

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

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

Other conditions Chronic Encephalitis 20 yrs +  
(Include pregnancy within 3 months of death)

Major findings: Of operations 13/15

Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to 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? \_\_\_\_\_

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

23. Signature E. C. Penley (M.D. or other) MD  
Address 832 Argyle Bldg Date signed 6/4/47

Dr. G. C. Remley

*Angle Building*

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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.....

*Robert F Reed*

Licensed Embalmer No.....

*3745*

P. O. Address.....

*K.C. 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.**