

FILED JAN 13 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5412

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:  
3506 Montgall, Kansas City, Mo.  
(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 44 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 3506 Montgall  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

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

3. (a) PRINT FULL NAME Fritz W. WEISS

3. (b) If veteran, name war No

3. (c) Social Security No. 487-07-6308

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23  
year 1947 hour 9 minute 00 A.M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Christina Weiss

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

7. Birth date of deceased Feb. 8, 1877  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-20-47 to 12-23-47  
that I last saw him alive on 12-23-47 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>10</u>	<u>15</u>	hr. _____ min. _____

Immediate cause of death Cerebral Hemorrhage

Due to Generalized Arteriosclerosis

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

10. Usual occupation Cabinet Maker Retired

11. Industry or business Robt. Keith Co.

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

Other conditions 830  
(Include pregnancy within 3 months of death)

MOTHER FATHER {

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Richard Weiss

(b) Address 3506 Montgall, K.C. Mo.

17. (a) Burial (b) Date thereof 12-24-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

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? \_\_\_\_\_

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Mo.

19. (a) 12-23-47 (b) Sheldine Holmes  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
(Specify type of place) (c) Means of injury 0

23. Signature Geo. C. Beaulieu (M. D. or other) \_\_\_\_\_

Address 3447 Prospect St. No. 2040 Date signed 12-23-47

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.....

Donald M. Mallatt Registered Apprentice No. 75  
working under my personal supervision.

Signed Edw E Beck

Licensed Embalmer No. 4063

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.