

FILED JAN 15 1949

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5280

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:
3408 E Smartmart
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community 25 Years
 (Specify whether years, months or days)

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. 3408 Smart
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Jessie Ann Roberts Wolzak

3. (b) If veteran, name war ***** 3. (c) Social Security No. *****

4. Sex Female 5. Color or race White 6. (a) Single; widowed; married, divorced Married
 6. (b) Name of husband or wife Cornelius G. Wolzak 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased April 18 (Month) (Day) 1886 (Year)

8. AGE: Years 62 Months 8 Days 8 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Lorenzo Roberts
 13. Birthplace Peoria, Illinois (City, town, or county) (State or foreign country)
 14. Maiden name Mary Jane Nixon
 15. Birthplace Strator, Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mary Jane Wolzak
 (b) Address 3408 Smart

17. (a) Burial (b) Date thereof 12-28-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Mrs. C. L. Forstar
 (b) Address Kansas City, Missouri

19. (a) 12-27-48 (b) Doradine Holmes
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1948 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Dec 11 1948 to Dec 26 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Renal Nephritis Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131A

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?

G. C. Remley (Specify type of place) While at work? (e) Means of injury 7

23. Signature G. C. Remley, M.D. (M. D. or other) Address 832 Argyle Bldg Date signed 12/27/48

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Joe B. Yoder*.....
Licensed Embalmer No..... *4173*.....
P. O. Address..... *N.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.