

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8718

State File No.

BIRTH NO.		REG. DIST. NO. <u>186</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>98</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence Sanitarium</u>		c. LENGTH OF STAY (in this place) <u>7 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 3</u>		Rural (Blue)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanitarium</u>				d. STREET ADDRESS (If rural, give location) <u>738 Lewis St.</u>			
3. NAME OF DECEASED (Type or Print) <u>Lutzie</u>		a. (First)		b. (Middle) <u>Kranz</u>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 9, 1949</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Dec. 2, 1874</u>		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months Days		IF OVER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Higginsville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>American</u>	
13a. FATHER'S NAME <u>John Kranz</u>		13b. MOTHER'S MAIDEN NAME <u>Augusta Rissman</u>		14. NAME OF HUSBAND OR WIFE <u>Pauline Kranz (deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Al. Kranz, Kansas City 3, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus with gangrene of left leg</u> ANTECEDENT CAUSES Peripheral Vascular disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senescence</u> DUE TO (c) <u>General arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>6 months</u>	
19a. DATE OF OPERATION <u>3-4-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Gangrene of left foot and leg to knee</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-28-</u> , 19 <u>49</u> , to <u>3-9</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-8</u> , 19 <u>49</u> , and that death occurred at <u>11:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Carl Allen M.D.</u>		23b. ADDRESS <u>First National Bank Bldg. Indep., Mo.</u>		23c. DATE SIGNED <u>3-9-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>Mar. 12, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salem Evangelical</u>		24d. LOCATION (City, town, or county) (State) <u>Higginsville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 11-1949</u>		REGISTRAR'S SIGNATURE <u>John H. Saylor</u>		FURNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. B. Carson Independence, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING 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 _____

Student Embalmer No. 269

working under my personal supervision.

Signed John S. Heiman
Student Embalmer

Signed R. A. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.