

FILED JUL 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23801

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 115

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jackson 48	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Prairie Twp 1/4-11-Mo-80		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Co. Home White		d. STREET ADDRESS (If rural, give location) 3215 Campbell 1	
3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) PLETZ c. (Last) PLETZ			4. DATE OF DEATH (Month) (Day) (Year) 6-30-1949
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S U	8. DATE OF BIRTH 11-15-1977
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (State or foreign country) Springfield Mo
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Jackson Co. Home Records Rt #4 Mo.		ADDRESS 4222	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (Min.)		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 1-1, 1949 to 6-30, 1949 that I last saw the deceased alive on 6-30, 1949, and that death occurred at 9:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. W. Greene M.D.		23b. ADDRESS Independence Mo	
23c. DATE SIGNED 7/1/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Anatomical		24b. DATE 7/1/1949	
24c. NAME OF CEMETERY OR CREMATORY K.C. College Of Opt &		24d. LOCATION (City, town, or county) (State) Kansas City Mo.	
DATE REC'D BY LOCAL REG JULY 1, 1949		REGISTRAR'S SIGNATURE Donald C. Earnshaw 378	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Lee's Summit Mo	

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

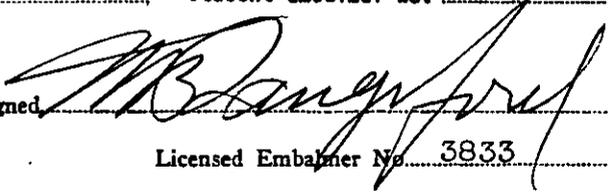
JUL 19 RECD

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. \_\_\_\_\_

working under my personal supervision.

Signed  \_\_\_\_\_

Student .....  
Student Embalmer

Licensed Embalmer No. 3833

P. O. Address Lee's Summit 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.