

FILED SEP 2 1949

STANDARD CERTIFICATE OF DEATH

State File No. 26939
3253

BIRTH NO. 42000-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>		
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>66 4535 Main</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>66 4535 Main</u>		
3. NAME OF DECEASED (Type or Print) <u>Infant</u>			a. (First)	b. (Middle)	c. (Last) <u>KlutZ</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>never married</u>	8. DATE OF BIRTH <u>7-20-49</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Days <u>5</u> Hours <u>34</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>

13a. FATHER'S NAME <u>Herman</u>	13b. MOTHER'S MAIDEN NAME <u>Rebecca Klotz</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Herman Klutz</u>	ADDRESS <u>4535 Main</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mal development due to incomplete development of placenta - hypostatic</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>terminal Bronchopneumonia</u>		
	DUE TO (c) <u>full term - weight 3#</u>		
	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 <u>774X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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 7/20, 1949, to 7/22, 1949, that I last saw the deceased alive on 7/22, 1949 and that death occurred at 4:07 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Sidney F. Pakula</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>411 Cleveland Rd -</u>	23c. DATE SIGNED <u>7/25/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-24-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sheffield</u>	24d. LOCATION (City, town, or county) (State) <u>K.C. Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-27-49</u>	REGISTRAR'S SIGNATURE <u>Alfredine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.P. Lewis</u>	ADDRESS <u>Funeral Home K.C. Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

not Embalmed

~~embalmed by~~ the body whose name is recorded on the reverse side of this certificate was ~~embalmed by~~ *not Embalmed* by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.