

FILED OCT 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33900

State File No. ....

4393

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4393

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) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>2 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>			d. STREET ADDRESS (If rural, give location) <u>10 E. 80 Terr.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) <u>R.</u>	c. (Last) <u>Kratzner</u>	4. DATE OF DEATH (Month) <u>10</u> (Day) <u>12</u> (Year) <u>1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 4 1885</u>		9. AGE (In years last birthday) <u>64</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supt apartment Bldg</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Backs New York</u>		11. BIRTHPLACE (State or foreign country) <u>Sandoval Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Fredrick Kratzner</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Neff</u>	
14. NAME OF HUSBAND OR WIFE <u>Pearl Kratzner</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>May 1904 to 1911</u>		16. SOCIAL SECURITY NO. <u>132-10-4158</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Pearl A Kratzner</u>		17. ADDRESS <u>102 80th Terr</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>(b) Mediastinal sarcoma, lung abscess</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, 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.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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>Oct. 3</u> , 19 <u>49</u> , to <u>Oct. 12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Oct. 12</u> , 19 <u>49</u> , and that death occurred at <u>12:20P m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Wm. W. Hart</u> (Degree or title)			23b. ADDRESS <u>Med. Dir. Gen'l Hosp.</u>		23c. DATE SIGNED <u>10-13-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-15-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Moriah</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson Co. Mo</u>
DATE REC'D BY LOCAL REG. <u>10-14-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>France-Wornall Funeral Home</u>	

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

*copy*

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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 \_\_\_\_\_

*H Leroy Mooney*

Student Embalmer No. *333*

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Russell N. France*

Licensed Embalmer No. *4255*

P. O. Address *K. 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.