

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1279
80

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 69 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 4411 Windsor 3088		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4411 Windsor								
3. NAME OF DECEASED (Type or Print) a. (First) PETER b. (Middle) B. c. (Last) MATZ			4. DATE OF DEATH (Month) (Day) (Year) Jan 6 1950					
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) wid.		8. DATE OF BIRTH June 16 1859		
9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		IF UNDER 15 HRS. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Storehouse (Ret.)			10b. KIND OF BUSINESS OR INDUSTRY K.C. terminal		11. BIRTHPLACE (State or foreign country) Mecherin France		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Anna C.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Marie Matz 4411 Windsor			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Edema of Lungs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2 hours 10 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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 May 11 , 19 50 , to Jan 6 , 19 50 , that I last saw the deceased alive on Jan 6 , 19 50 , and that death occurred at 1:20 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) C.W. ROSE <i>C.W. Rose</i> M.D.				23b. ADDRESS 1037 E. Shawnee		23c. DATE SIGNED 1/7/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-9-1950		24c. NAME OF CEMETERY OR CREMATORY Floral Hills		24d. LOCATION (City, town, or county) (State) Kansas City Mo.		
DATE REC'D BY LOCAL REG. 1-7-50		REGISTRAR'S SIGNATURE <i>Sheldine Holmes</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.H. Blackman Funeral Home K.C. Mo.			

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

Adhese

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.

Student
Student Embalmer

Signed *Shane Blouford*

Licensed Embalmer No. *4015*

P. O. Address *11 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.