

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 27 1951

State File No. 1195

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (In this place) 76 YEARS		d. STREET ADDRESS (If rural, give location) 5341 MYRTLE AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5341 MYRTLE AVENUE		d. STREET ADDRESS (If rural, give location) 5341 MYRTLE AVENUE	

3. NAME OF DECEASED (Type or Print)	a. (First) JOSEPHINE	b. (Middle) ANNA	c. (Last) KRITZER	4. DATE OF DEATH (Month) (Day) (Year) JAN. 3. 1951
-------------------------------------	----------------------	------------------	-------------------	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC. 30. 1852	9. AGE (In years last birthday) 98	10. MONTHS 8	11. BIRTHPLACE (State or foreign country) PRAGUE	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---------------	------------------------	--	--------------------------------	------------------------------------	--------------	--	-------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) PRAGUE	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	-----------------------------------	--	-------------------------------------

13a. FATHER'S NAME FRANK MARSH	13b. MOTHER'S MAIDEN NAME MARIE UNKNOWN	14. NAME OF HUSBAND OR WIFE FRANK W. KRITZER
--------------------------------	---	--

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. NONE	17. INFORMANT'S SIGNATURE OR NAME MR. JOSEPH W. KRITZER	ADDRESS 5341 MYRTLE AVE. KANSAS CITY, MO.
---	------------------------------	---	---

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Endocarditis		INTERVAL BETWEEN ONSET AND DEATH Several years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility		
	DUE TO (c)		
	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)	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 January 7, 1945, to January 3, 1951, that I last saw the deceased alive on January 1, 1951, and that death occurred at 7:50 A.M., from the cause and on the date stated above.

23a. SIGNATURE Calvin A. Beard MD	(Degree or title)	23b. ADDRESS 2307 Bryant Bldg. N.W. Kansas City, Mo.	23c. DATE SIGNED January 1, 1951
-----------------------------------	-------------------	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN. 6. 1951	24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY	24d. LOCATION (City, town, or county) KANSAS CITY MISSOURI
--	------------------------	---	--

DATE REC'D BY LOCAL REG. 1-5-51	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE D.H. Newcomer	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
---------------------------------	--	--	---

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Edward M. Storey

Signed.....

Student Embalmer

Licensed Embalmer No. 4452

P. O. Address RIC 14 Ave

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.