

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42338**
5309
Registrar's No.

FILED DEC 20 1952

BIRTH NO. REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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) 45 Yrs		d. STREET ADDRESS (If rural, give location) 3620 Paseo	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			

3. NAME OF DECEASED (Type or Print) a. (First) Helen b. (Middle) G. c. (Last) Kritzer			4. DATE OF DEATH (Month) (Day) (Year) 12 2 52		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		8. DATE OF BIRTH April 1st, 1904	
				9. AGE (In years last birthday) 48	
				11. BIRTHPLACE (State or foreign country) Springfield Missouri	
				12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME John R. Lawrence		13b. MOTHER'S MAIDEN NAME Ocie Jones		14. NAME OF HUSBAND OR WIFE Charles Kritzer	
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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) No No		16. SOCIAL SECURITY NO. 488-22-12 45		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Da niel Ka plan 5222 N all Ave K. C. K	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH(a) Cerebral hemorrhage				331X	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>	
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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)	
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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	
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22. I hereby certify that I attended the deceased from **Nov. 30, 1952**, to **Dec. 2, 1952**, that I last saw the deceased alive on **Dec. 2, 1952**, and that death occurred at **9:45 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns, M.D. (Degree or title)		23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 12-3-52	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		24b. DATE 11/5/52		24c. NAME OF CEMETERY OR CREMATORY Fore st Hill Cem.		24d. LOCATION (City, town, or county) (State) Kansas City Missouri	
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DATE REC'D BY LOCAL REG. 12-5-52		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ea rp & Sons Kansas City Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

B. Hamp

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.....

John B. Camp

Signed.....
Student Embalmer

Licensed Embalmer No. 2955

P. O. Address 1 E. G. 2nd

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.