

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1666

BIRTH FILED FEB 5 1954 REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 6

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 Washington TOWN Washington City (Rural)	c. LENGTH OF STAY (In this place) 6 1/2 yrs.	c. CITY OR TOWN Kansas City (Rural)	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 6400 East 87th Street		e. STREET ADDRESS (If rural, give location) 6400 East 87th Street	

3. NAME OF DECEASED (Type or Print) a. (First) Sophia b. (Middle) Magdeline c. (Last) FRITZ			4. DATE OF DEATH (Month) (Day) (Year) Jan. 21, 1954				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 12-6-58	9. AGE (In years last birthday) 95	IF UNDER 1 YEAR Months 95	IF UNDER 1 HR. Hours 95	IF UNDER 1 MIN. Mins. 95
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 (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Valentine Reinboldt		13b. MOTHER'S MAIDEN NAME Mary M. Schmalz		14. NAME OF HUSBAND OR WIFE Ignatz Fritz	
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 ADDRESS Mrs. F. B. Kenning, 6400 E. 87th St.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardiac dilatation ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic heart disease DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Overweight		INTERVAL BETWEEN ONSET AND DEATH 3 hrs 10 yrs. 20 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200		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) (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 **Jan**, 19**46**, to **Jan 20**, 19**54** that I last saw the deceased alive on **Jan 10**, 19**54** and that death occurred at _____ m. from the causes and on the date stated above.

23a. SIGNATURE D. M. Burbank M.D.		23b. ADDRESS Raytown Mo		23c. DATE SIGNED 1-22-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-22-54	24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cemetery	24d. LOCATION (City, town, or county) (State) Paris, Arkansas
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DATE REC'D BY LOCAL REG 1/22/54	REGISTRAR'S SIGNATURE Elizabeth E. Goddard	498-0	25. FUNERAL DIRECTOR'S SIGNATURE Mellody-McGilley-Eylar	ADDRESS Kansas City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

D. Seebank
Raytown
Mo.

FEB 10 1935

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.....
Signature of Student Embalmer

Signed *J. D. Ryan*.....
Licensed Embalmer No. *27*

P. O. Address *100*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.