FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-005598

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 449

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3305 E. 27th St. — Length of stay in 1b: 46 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3305 E. 27th St. — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: MARY Middle: M. Last: HOLTZ
4. DATE OF DEATH: Month Jan. Day 23 Year 1958
5. SEX: Female
6. COLOR OR RACE: Negro
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: August 26, 1876
9. AGE (In years last birthday): 81 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
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 country): Monroe, Louisiana
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Emmanuel Turner
13b. MOTHER'S MAIDEN NAME: Lydia Ann Hunter
14. NAME OF HUSBAND OR WIFE: George Holtz
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Lena Kemp Address: 3305 E. 27th St. Dau.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Congestive Heart failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive vascular disease
DUE TO (c) Arteriosclerosis. — 43X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ~~3305 E 27th~~
20f. CITY, TOWN, OR LOCATION ~~Kc. Mo.~~ COUNTY ~~Jackson~~ STATE ~~Mo~~

21. I attended the deceased from Jan 6 1958, to Jan 13 1958 and last saw her alive on Jan 13 1958
Death occurred at 1:45 pm 1/23/58 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Andre G. Renaud M.D. (Degree or title) D
22b. ADDRESS: 2202 A E 81st Kc. Mo.
22c. DATE SIGNED: 1/28/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-30-58
23c. NAME OF CEMETERY OR CREMATORY: Highland Cemetery
23d. LOCATION (City, town, or county) (State): Kans. City, Mo.

24. FUNERAL DIRECTOR ADDRESS: Watkins Bros. Funeral Home 18th & Benton
25. DATE RECD. BY LOCAL REG.: 1-28-58
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Andre G. Renaud

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 ..... Signed Bruce R. Watkins
Signature of Student Embalmer

Licensed Embalmer No. 45 ov
P. O. Address 18th v. Bene

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.