

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-006395
729 STATE FILE NUMBER

FILED VS FEB 20 1960/49

Registration District No. Primary Registration District 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 Missouri b. COUNTY JACKSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 27 Years		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital, K.C., Mo.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1205 Linwood		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First EDWIN Middle ELIE Last KRATZ				4. DATE OF DEATH Month FEBRUARY Day 6, Year 1960					
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-1-79	9. AGE (last birthday) 81		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENGINEERING			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) PHILADELPHIA, PENN		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME EDWIN B. KRATZ			13b. MOTHER'S MAIDEN NAME MARGARET KENNEDY			14. NAME OF HUSBAND OR WIFE GERTRUDE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES S A W			16. SOCIAL SECURITY NO. 495-10-5879		17. Informant Official Records VA Hospital, K.C., Mo. Gertrude Kratz Wife 1205 Linwood K.C. Mo				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA, R. L. L. DUE TO (b) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) OLD HEALED HIP FRACTURES PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown									
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 2-3-60 to 2-6-60 Death occurred at 7:35 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE J. Turner M.D.				22b. ADDRESS				22c. DATE SIGNED 2-8-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 2-10-60	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		23d. LOCATION (City, town, or county) Kansas City, Mo. (State)				
24. FUNERAL DIRECTOR Muehlebach 6800 Troost				25. DATE RECD. BY LOCAL REG. 2-8-60		26. REGISTRAR'S SIGNATURE New Marshall			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

A Turner

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R. E. Nichols

Licensed Embalmer No. 7994

P. O. Address _____

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.