

AMENDED FILED MAY 19 1967

1. PLACE OF DEATH
 a. COUNTY Jackson
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 67 YEARS
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center Inside Limits Yes No

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 No
 d. STREET ADDRESS (If outside, give location) 9815 Mercier Street Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Fred Emry Letzig
 4. DATE OF DEATH Month Day Year May 2 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 2-13-94 9. AGE (last birthday) 67 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
 WITTE ENGINE WORKS-KANSAS CITY, MO. U. S. A.

13a. FATHER'S NAME FRED EDWARD LETZIG 13b. MOTHER'S MAIDEN NAME LOUISE HECHT 14. NAME OF HUSBAND OR WIFE MRS. EDNA LETZIG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I 17. INFORMANT MRS. EDNA LETZIG Address 9815 MERCIER ST. KANSAS CITY, 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) Ventricular Fibrillation
 DUE TO (b) Multiple Rheumatic Valvular Disease
 DUE TO (c) Aortic Sclerosis
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 1, 1961 to May 2, 1961 last saw him alive on May 2, 1961
 Death occurred at 11:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS 701 E 63 22c. DATE SIGNED 5/3/61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE MAY 6, 1961 23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY 23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR H. W. NEWCOMER'S SONS KANSAS CITY ADDRESS 1331 BRUSH CREEK 25. DATE RECD. BY LOCAL REG. 5-5-61 26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF REGISTRAR

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address KANSAS CITY

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.