

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021336

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED FILED JUN 28 1961 District No. 49 Primary Registration District No. 1002 Registrar's No. 2946

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF Martin J. Mueller

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>                    |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>   |   | Length of stay in 1b <b>37 years</b>   | c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1928 East 71 Terrace</b>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <b>1928 East 71 Terrace</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                 |
| 3. NAME OF DECEASED (Type or print) First <b>ELIZABETH</b> Middle <b>MARIE</b> Last <b>KURZ</b>  |   |  | 4. DATE OF DEATH Month <b>June</b> Day <b>13</b> Year <b>1961</b>  |
| 5. SEX <b>female</b>   | 6. COLOR OR RACE <b>white</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <b>5-5-73</b>   |
| 9. AGE (last birthday) <b>88 years</b>   |   | 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) <b>at home</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>  | 11. BIRTHPLACE (City and state or country) <b>Latvia</b>   |
| 12. CITIZEN OF WHAT COUNTRY <b>USA</b>   |   | 13a. FATHER'S NAME <b>Herman Schulz</b>  |  |
| 13b. MOTHER'S MAIDEN NAME <b>Augusta Luttkke</b>   |   | 14. NAME OF HUSBAND OR WIFE <b>Frederick Kurz</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>  |   | 16. SOCIAL SECURITY NO. <b>xxx</b>   | 17. INFORMANT Address <b>Mrs. Alma Henry, 1928 E. 71 Ter.</b>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Pneumonia</b>  |   |  | INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____   |   |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arterio-sclerotic heart disease; Coronary arteriosclerosis</b>  |   |  | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____  | 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 <b>1949</b> to <b>6-13-61</b> and last saw <sup>him</sup> alive on <b>6-13-61</b> . Death occurred at <b>4:20 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |  |
| 22a. SIGNATURE (Degree or title) <b>Martin J. Mueller M.D.</b>   |   | 22b. ADDRESS   | 22c. DATE SIGNED   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  | 23b. DATE <b>6-15-1961</b>  | 23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah Cemetery</b>  | 23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>   |
| 24. FUNERAL DIRECTOR ADDRESS <b>WAGNER FUNERAL HOME, K.C. Mo.</b>  |   | 25. DATE RECD. BY LOCAL REG. <b>6-13-61</b>  | 26. REGISTRAR'S SIGNATURE <b>Ruth W. Long</b>  |

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**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 Phillip L. Smith, Student Embalmer No. 672

working under my personal supervision.

Student Phillip L. Smith  
Signature of Student Embalmer

Signed Alvin R. Hauschell

Licensed Embalmer No. H159

P. O. Address A.C. Mc

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.