

No. 2
11-10-39
-17-3
X21

FILED
MAY 15 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1541

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4434 Mill Creek Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community About 39 Years
years, months or days

3. (a) PRINT FULL NAME Herman Printz 653

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fannie Printz 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased June 13 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>9</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Budepest Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business 7

12. Name Joseph Printz 7

13. Birthplace Hungary 7
(City, town, or county) (State or foreign country)

14. Maiden name Julia Adams

15. Birthplace Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. O. J. Printz

(b) Address 4434 Mill Creek Blvd. K. C. Mo.

17. (a) Burial (b) Date thereof 4-10-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill

18. (a) Signature of funeral director J. P. Louis Funeral Home

(b) Address 3400 Woodland, Kansas City

19. (a) April 9, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4434 Mill Creek Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? About 55 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th
year 1940 hour 11 minute a M.

21. I hereby certify that I attended the deceased from _____, 19____ to April 8, 1940;
that I last saw him alive on April 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Suicidal evrhosis

Due to _____
Due to _____ 124/10

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)
While at work? _____ (e) Means of injury !
23. Signature A. Morris (M. D. or other) MD
Address 420 Prof. Bldg Date signed 4-8-40

Duration

5 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

myself

....., Registered Apprentice No.

working under my personal supervision.

Signed *Bar Logan*

Licensed Embalmer No. *3979*

P. O. Address *Kansas City, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.