. No. 2
-4-13-40
5-17-39
PI X23159

48
3
8

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 10 1942 299
Registration District No.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41061
Registrar's No. 4741

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:
Washington Hotel, 1201 Washington St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In ~~hospital or institution~~ Room 425 (Specify whether
In this community 47 Years 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1201 Washington St.
(If rural, give location)
Washington Hotel #425
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mr. William G. Pretzl
3. (b) If veteran, name war World War
3. (c) Social Security No. 708-14-6568
4. Sex 0 Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Mrs. Mabel Pretzl
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Sept 19 1893 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
48	3	0	hr. min.

9. Birthplace Beatrice (City, town, or county) Nebr 1 (State or foreign country)
10. Usual occupation Switchman
11. Industry or business Rock Island Railroad
MOTHER FATHER
12. Name Jos G Pretzl
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
14. Maiden name Pauline Ulmer
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Walter L. Dear
(b) Address 5049 Wyandotte.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 22, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Calvary Cemetery
18. (a) Signature of funeral director D. W. Newcomer's Son
(b) Address 1401 Brush-Creek Blvd.
19. (a) 12/20/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19th
year 1941 hour 10 minute 30A.M. M.
21. I hereby certify that I attended the deceased from
Deputy Coroner
, 19 , to , 19 ;
that I last saw the deceased alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute pulmonary congestion	
Due to Acute coronary occlusion	
Other conditions (Include pregnancy within 3 months of death) Coronary occlusion 940	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 3
23. Signature [signature] (M. D. or other)
Address K.C. Mo. Date signed

561

(Licensed Embalmer's Statement on Reverse Side)

MAR 24 1947

JAN 8 1942

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed. W. W. Simpson

Licensed Embalmer No. 3965

P. O. Address. K.C. Mo.

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 this body is not embalmed, fact should be so stated above.