No. 2
4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1088

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 230

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2952 East 28th Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town 2952 East 28th Street 5
(If outside city or town limits, write "RURAL")

(d) Street No. Kansas City Missouri
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 45 Years 0 years.

3. (a) PRINT FULL NAME Mrs Augustine O. BILTZ

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

4. Sex Female 1 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife George Biltz 6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased July (Month) 13 (Day) 1858 (Year)

8. AGE: Years 83 Months 6 Days 5 If less than one day hr. min.

9. Birthplace Normandy (City, town, or county) France 5 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name August Danjou
13. Birthplace France 5 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Jeanne Biltz
(b) Address 2952 East 28th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-20-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mellody-McGilley
(b) Address Kansas City Missouri.

19. (a) 1/19/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18th year 1942 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 13, 1942, to Jan 18, 1942 that I last saw her alive on Jan 18, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Senility

Due to Chronic nephritis - 8 yrs.

Other conditions (Include pregnancy within 3 months of death) 151 B

Major findings:
Of operations ✓
Of autopsy ✓

Duration

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

23. Signature Clyde Switzer O (M. D. ~~or other~~)
Address 636 Orgyle Bldg Kansas City Mo Date signed 1-19-42

(Licensed Embalmer's Statement on Reverse Side)

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. 267

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2995

P. O. Address KC

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

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