

FILED JAN 3 1943

Registration District No. 172

Primary Registration District No. 1002

Registrar's No. 5270

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: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
In this community 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME ROY W. RETZER

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

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

6. (b) Name of husband or wife Clara Retzer 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased January 7 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 11 Days 5 If less than one day hr. min.

9. Birthplace Henderson County Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Grocery Market

11. Industry or business

12. Name No Record
13. Birthplace " " 9
(City, town, or county) (State or foreign country)
14. Maiden name Antie Ross
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clara Retzer
(b) Address 2142 Madison

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-43
(Month) (Day) (Year)
(c) Place: burial or cremation Mt. St. Mary's

18. (a) Signature of funeral director W. Wagner
(b) Address Kansas City, Mo.

19. (a) 12-13-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2142 Madison 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12th
year 1943 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from Dec 5
1943 to Dec 12 1943
that I last saw him alive on Dec 11 1943
and that death occurred on the date and hour stated above.

Immediate cause of death RT lobar pneumonia Duration 7 days

Due to Influenza virus

Due to 33a

Other conditions 33a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy None

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? _____

While at work? (Specify type of place) (e) Means of injury MP

23. Signature Leo A. O'Brien (M. D. or other) MD
Address 1002 Argyle Date signed 12-13-43

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

MOTHER FATHER

Copy to
HA 5037 - 1 P.M

APR 12 1948

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 A. R. Haenschield

Licensed Embalmer No. 4159

P. O. Address F. C. W. O.

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.