

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED DEC 22 1944
Registration District No. _____

Primary Registration District No. **1002**

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

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:
2914 VICTOR
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1**
 In this community **23 YEARS** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Joseph HENRY FRITZ**
3. (b) If veteran, name war **No** **3. (c) Social Security No.** **1701YE**
4. Sex **MALE** **5. Color or race** **WHITE**
6. (b) Name of husband or wife **WILHE** **6. (c) Age of husband or wife if alive** **69** years
7. Birth date of deceased **SEPT 23 - 1870**
(Month) (Day) (Year)

8. AGE: Years **74** Months **2** Days **9** If less than one day hr. min.

9. Birthplace **STEWARTSVILLE MISSOURI**
(City, town, or county) (State or foreign country)
10. Usual occupation **RETIRED FARMER**

11. Industry or business **RETIRED - 15 YEARS**
12. Name **WILLIAM HENRY FRITZ**
13. Birthplace **LOCK HAVEN PA.**
(City, town, or county) (State or foreign country)
14. Maiden name **MAGGIE EVERETT**
15. Birthplace **KENTUCKY**
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. KATHIE F. FRITZ**
(b) Address **2914 VICTOR STREET**
17. (a) BURIAL (Burial, cremation, or removal) **(b) Date thereof** **DEC. 4 - 1944**
(Month) (Day) (Year)
(c) Place: burial or cremation **MEMORIAL PARK CEM.**
18. (a) Signature of funeral director **W. H. Williams, Sons**
(b) Address **1401 BRUSH CREEK BLVD.**
19. (a) Dec 4, 1944 (Date received local registrar) **(b) J. B. Brown** (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. **2914 VICTOR STREET**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC** day **2ND** year **1944** hour **1** minute **45 AM**
21. I hereby certify that I attended the deceased from **Aug 26**
1944 to Dec 9 19**44**
 that I last saw him alive on **Oct 9** 19**44**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
 Due to **Enlargement of Heart**
A. P. 200

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations **(J30)**
 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?
 While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature **B. J. Powell** (M. D. or other)
Address **124 1/2 W. 12th St.** Date signed **12-4-44**

~~J. H. ...~~
~~#012-13-56~~
W. Powell
424 Angyle St
9
Waite

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..... *Elcar Hordley*

Licensed Embalmer No. 1767

P. O. Address W 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.