

No. 2
12-45
17-39
X47070

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33791
State File No. _____
Registrar's No. 4588

FILED NOV 12 1946

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:
19th & Indiana
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 46
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3024 Bales 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Paul V. STOLTZ

3. (b) If veteran, name war none 3. (c) Social Security No. 487-10-9044

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Helen Mary Stoltz 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased July 19, 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>3</u>	<u>11</u>	hr. min.

9. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business K. C. Board of Education

MOTHER FATHER {
12. Name Joseph Stoltz
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Christine Miller
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Stoltz

(b) Address 3024 Bales, K.C., Mo.

17. (a) Burial (b) Date thereof 11-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's Cem.

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 10-31-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30
year 1946 hour 11 minute 40 A. M.

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

Immediate cause of death
Fractured Skull
Fractured Ribs 2-3-4 Right
4-5 left.
Due to Fractured Right Femur
Due to Hemo thorax
Fractured 2-3 dorsal vertebrae
Other conditions _____
(Include pregnancy within 3 months of death)

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

Major findings: Of operations 1860 39
Of autopsy yes as above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 1 2 3
(b) Date of occurrence 10-30-46
(c) Where did injury occur? 190 Jackson mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
While at work? yes (Specify type of place) (e) Means of injury Fall
23. Signature [Signature] (M: D. written) 3
Address 1924 1/2 E. Bldg Date signed 10-31-46

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

Dean Cole

Registered Apprentice No. *408*

working under my personal supervision.

Signed

Russell N. Franco

Licensed Embalmer No. *4255*

P. O. Address *KC 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.