

S. No. 2
M-5-43
7. 5-17-39
I X36671

FILED DEC 12 1946

Registration District No. **746**

Primary Registration District No. **5568**

Registrar's No. **398**

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
9408 East 8th 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 40 years years, months or days)

3. (a) PRINT FULL NAME CHARLES H. GENTZEL, SR.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hattie V. Gentzel

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased July 3rd 1905
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>4</u>	<u>26</u>	hr. _____ min.

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

10. Usual occupation Restaurant Owner

11. Industry or business

12. Name Amon A. Gentzel

13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Martha Jane Owens

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

16. (a) Informant William Gentzel

(b) Address 108 East College, Independence

17. (a) (Burial, cremation, or removal) burial

(b) Date thereof 12-5-46
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Missouri

19. (a) (Date received local registrar) 12-4-46

(b) (Registrar's signature) [Signature]

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Fairmount Sta., Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 9408 E. 8th St.
(If rural, give location) Rural

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29
year 1946 hour 12 minute 10 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 2nd & 3rd degree burns of the body

Due to _____

Due to _____

Other conditions deputy coroner
(Include pregnancy within 3 months of death)

Major findings: 1805
Of operations _____

Of autopsy see above

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) accident

(b) Date of occurrence _____

(c) Where did injury occur? Jackson mo
(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)

Means of injury burns

23. Signature W. E. Upsher (M. D. or other) M.D.C.

Address 2800 main **Date signed** 11/29/46

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

36152

DEC 28 1949

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 John Parsley

Licensed Embalmer No. 4308

P. O. Address Independence, 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.