. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 8 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34627

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4512

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 2910 1/2 TROOST AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 YEARS
years, months or days)

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. 2910 1/2 TROOST AVENUE 8
(If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country --

3. (a) PRINT FULL NAME ANNA. A. PEETZ

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MR. ADOLPH. PEETZ.

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

7. Birth date of deceased MARCH (Month) 14 (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	7	12	..... hr. ..... min.

9. Birthplace FORT SMITH. ARKANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business --

FATHER
12. Name THOMAS BABB
13. Birthplace ARKANSAS
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ANNA LIPPS
15. Birthplace ARKANSAS
(City, town, or county) (State or foreign country)

16. (a) Informant MRS RICHARD MORRO
(b) Address 2620 EAST 34TH STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-28-1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ MEMORIAL PARK CEM.

18. (a) Signature of funeral director D.W. Newcomer's Sons
(b) Address 1401- BRUSH CREEK BLVD

19. (a) 10-28-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 26TH year 1947 hour 8 00 minute 15 P. M.

21. I hereby certify that I attended the deceased from January 1946, 19..., to October 26, 1947 that I last saw her alive on October 22nd, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute myocardial infarction	15 seconds
Due to: Chronic myocarditis	2 years
Hypertension	2 years
Due to:	
Other conditions: — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

93 [illegible]

PHYSICIAN

Underline the cause of 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 — 0

23. Signature Joseph Geletson (M. D. or other) M.D.

Address 1219 Realty Bldg Date signed 10-26-47

Jefferson City Printing Co.

(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.....

rking under my personal supervision.

Signed.....Jess T. Weeks.....

Licensed Embalmer No. 4453

P. O. Address Kansas City

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

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