G. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8648

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 1342

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~~: General Hospital No. 1 O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 1 mo. 29 days (Specify whether)
In this community 25 YEARS (years, months or days)

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.: 3746½ Garfield
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: - - - - - -

3. (a) PRINT FULL NAME: William HENRY Creitz
3. (b) If veteran, name war: No
3. (c) Social Security No.: 489-22-5330
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of ~~husband~~ or wife: MRS. CORA HOOPE CREITZ
6. (c) Age of husband or wife if alive: - - - - - - years
7. Birth date of deceased: AUGUST (Month) 23 (Day) 1864 (Year)

8. AGE: Years 83 | Months 7 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace: HOLTON (City, town, or county) KANSAS (State or foreign country)
10. Usual occupation: SADDLE MAKER
11. Industry or business: SHIPLEY SADDLE COMPANY
MOTHER FATHER
12. Name: WILLIAM CREITZ
13. Birthplace: UNKNOWN (City, town, or county) PENNSYLVANIA (State or foreign country)
14. Maiden name: REBECCA LUTZ
15. Birthplace: UNKNOWN (City, town, or county) PENNSYLVANIA (State or foreign country)
16. (a) Informant: MRS. WILLIAM E SPIDEL
(b) Address: 3746½ GARFIELD AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MAR 27 1948
(c) Place: burial ~~or cremation~~ MT. VERNON CEMETERY ATCHISON, KANSAS
18. (a) Signature of funeral director: D. H. Newcomer's Sons
(b) Address: 1401 - BRUSH CREEK BLVD.
19. (a) 3-27-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1948 hour 1 minute 5 A. M.

21. I hereby certify that I attended the deceased from Jan. 27, 1948 to March 25, 1948 that I last saw him alive on March 25, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Fr. left hip	
Major findings: Of operations: 1860 36	
Of autopsy: None	

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): Accident 123
(b) Date of occurrence: March 3, 1948
(c) Where did injury occur? K. C. Jackson, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In hospital (Specify type of place)
While at work? No (e) Means of injury: Fall

23. Signature: Wm. W. Hart (M. D. or other)
Address: Med. Dir. Gen'l Hosp. Date signed: 3-25-48

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. _____, working under my personal supervision.

Signed Edwood M. Storey

Licensed Embalmer No. 4452

P. O. Address R.C. 4 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.