

FILED MAY 22 1948
Registration District No. 149

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:
1001 Penn 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 20 Yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4c

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1001 Penn Street 8
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Louise Spitz

3. (b) If veteran, name war None

3. (c) Social Security No. 496-10-16165

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th
year 1948 hour 7:30PM minute _____ M.

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

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 1868
(Month) (Day) (Year)

Immediate cause of death _____
Coronary sclerosis

Due to arteriosclerosis

Due to _____

8. AGE: Years 80 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Warsaw Illinois
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____ 93 D

Of autopsy no
History of Trauma

10. Usual occupation Scamstress

11. Industry or business Lee Wald Garment Co.

12. Name unknown

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name unknown 9

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

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 gun

16. (a) Informant Investigation Nellie Spitz

(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 10-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph, Mo.

18. (a) Signature of funeral director Weiler Funeral Home

(b) Address K.C. Mo. 2532 Monroe Place

19. (a) 5-11-48 (b) S. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature Jimmie Walker (M. D. or other) _____

Address 1424 1/2 rd. W. Mo. Date signed 5-10-48

MAY 26 1948

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

Blaine E. Wilcutt

Licensed Embalmer No. *4075*

P. O. Address. *K.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.