

THE DIVISION OF HEALTH OF MISSOURI
FILED MAR 30 1949 STANDARD CERTIFICATE OF DEATH

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

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORTH KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>39 YEARS</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NORTH KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>35 PARK LANE - LITTLE VILLAGE</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>35 PARK LANE - LITTLE VILLAGE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>KATHERINE</u> b. (Middle) <u>MAGDALENA</u> c. (Last) <u>OPITZ</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR - 16 - 1949</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>SEPT-17-1871</u>
9. AGE (In years last birthday) <u>77 YEARS</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (State or foreign country) <u>CALIFORNIA MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>HENRY GEMINDEN</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET BURGER</u>	
13c. NAME OF HUSBAND OR WIFE <u>GEORGE WILLIAM OPITZ</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>JOHN H. OPITZ - 35 PARK LANE - LITTLE VILLAGE</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Neurosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 wks.</u>	
ANTECEDENT CAUSES <u>arterio sclerosis</u>			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____			
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>3/17</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2-13, 1949</u> to <u>3-16, 1949</u> , that I last saw the deceased alive on <u>3-15, 1949</u> , and that death occurred at <u>12:20 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>G. C. Emley M.D.</u>		23b. ADDRESS <u>832 Argyle Bldg</u>	23c. DATE SIGNED <u>3-17-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAR-19-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
DATE RECD BY LOCAL REG. <u>Mar 19-49</u>	REGISTRAR'S SIGNATURE <u>Beulah Kitcher</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newnam's Sons</u> ADDRESS <u>1401 BRUSH CREEK BLVD KANSAS CITY, MO.</u>	

RECEIVED

District Health Officer No. 8/

District File Number.....

Date Filed 3-29-49

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed Bernard L. Loren

Signed.....
Student Embalmer

Licensed Embalmer No. 4250

P. O. Address W.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.