No. 300
10.48

FILED MAY 26 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16892

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2156

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 62 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 5040 Garfield

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): W.
c. (Last): ORTMANN

4. DATE OF DEATH (Month): 5 (Day): 9 (Year): 50

5. SEX: Ma
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-13-1863
9. AGE (In years last birthday): 86 | If under 1 year: Months: | Days: | If under 24 hrs.: Hours: | Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Engraver
10b. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (State or foreign country): Bremen, Germany
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Wilhelm Ortmann
13b. MOTHER'S MAIDEN NAME: Caroline Biederbeck
14. NAME OF HUSBAND OR WIFE: Marie T. Ortmann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Henrietta Zeyn, 5016 Garfield, KC Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerotic Heart Disease — Interval between onset and death: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture Left Hip — 7 weeks

19a. DATE OF OPERATION: March 25 1950
19b. MAJOR FINDINGS OF OPERATION: Fracture Left Hip
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Fell in home
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kansas City Jackson Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 20 1950 2 A.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Fell on floor in home

22. *I hereby certify that I attended the deceased from* March 20, 1950, *to* May 9, 1950, *that I last saw the deceased alive on* May 8, 1950, *and that death occurred at* 4:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jack W. Wolf (Degree or title): M.D.
23b. ADDRESS: 206 Argyle Bldg Kansas City Mo
23c. DATE SIGNED: May 10, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-11-50
24c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah
24d. LOCATION (City, town, or county) (State): Kansas City Mo.

DATE REC'D BY LOCAL REG.: 5-10-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: J W Wagner, Kansas City Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Cert 2713

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Alvin R. Hauscher

Signed.....
Student Embalmer

Licensed Embalmer No. 4159

P. O. Address Kansas City

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

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