

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 3 1955

State File No. \_\_\_\_\_

5704

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1005 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS City</u>		c. CITY OR TOWN <u>KANSAS City</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>27 yrs</u>		STREET ADDRESS (If rural, give location) <u>4429 HIGHLAND AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4429 HIGHLAND AVENUE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u> b. (Middle) <u>-</u> c. (Last) <u>PRATZ SR.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 11 1954</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>MAY 23 1863</u>		9. AGE (In years last birthday) <u>91</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>RETIRED FARMER</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>HONNARDT GERMANY</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>					

13a. FATHER'S NAME <u>JACOB PRATZ</u>		13b. MOTHER'S MAIDEN NAME <u>DOROTHEA STEGMEIR</u>		14. NAME OF HUSBAND OR WIFE <u>KATHERINA B. PRATZ</u>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FRED E PRATZ - 5218 NORTON - KCMO</u>	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Benign Myocardial Degeneration</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremia</u> DUE TO (c) <u>Nephritis Interstitial</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Glaucoma</u> <u>Senility</u>				1. <u>Week</u> 4 <u>Months</u> <u>593X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)		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 Nov 4<sup>th</sup>, 1954, to Dec 11, 1954, that I last saw the deceased alive on Dec 11, 1954 and that death occurred at 12:50 P.m., from the causes and on the date stated above.

23a. SIGNATURE (M. D. or other title) <u>Wm. W. Thompson M.D.</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>5218 Prospect A. Ct. W.</u>		23c. DATE SIGNED <u>12-13-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 14, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MOUNT HOPE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HIAWATHA KANSAS</u>	
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DATE REC'D BY LOCAL REG. <u>12-13-54</u>		REGISTRAR'S SIGNATURE <u>Irene Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>OWN NEWCAMERASONS. KANSAS CITY, MO</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..

Student.....  
Signature of Student Embalmer

Signed..... *John B Lewis* .....

Licensed Embalmer No. *48* .....

P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.