

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGD SEP 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

30396
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard
(b) Township Liberty
(c) City..... (d) Street No.....
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registration District No. 838
Primary Registration District No. 609810

Registered No.....

2. PRINT FULL NAME

Michael Litzler

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/28/39

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
0 0 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co., Mo.

FATHER 13. NAME Anton Litzler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co., Mo.

MOTHER 15. MAIDEN NAME Clara Backfish

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott Co., Mo.

17. INFORMANT (ADDRESS) Anton Litzler, Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dexter Cem. DATE 6/29/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Blankenship-Strickland Dexter, Mo.

20. FILED 9/5 1939 Jennie Burton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/28/39, 19...

22. I HEREBY CERTIFY, That I attended deceased from 6/28/39, 19... to 6/28/39, 19...

I last saw him alive on 6/28/39, 19... Death is said to have occurred on the date stated above, at 11:30 pm.

The principal cause of death and related causes of importance were as follows:
Premature

Date of onset
Other contributory causes of importance: 15 1/2

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19...

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) Geo Schaefer, M. D.
Wester, Mo. (Address)

RECEIVED

District Health Officer No. 2,

District File Number 939-192

Date Filed 9-11

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank. ,