WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2

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

REC'D OCT 19 1939

31741
Do not use this space.

1. PLACE OF DEATH
(a) County Andrew 2 Registration District No. 13
(b) Township Nodaway Primary Registration District No. 5016 Registered No. 56
(c) City 1 (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

2. PRINT FULL NAME 320 Fred William Kowitz
(a) Residence, No. Andrew County Mo. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb, I6 I900

7. AGE: YEARS 39 MONTHS 6 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
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): Andrew County MO. 0

FATHER
13. NAME: Julius Kowitz 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany 1

MOTHER
15. MAIDEN NAME: Barbaria Huntzelmann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): un known Ohio

17. INFORMANT (ADDRESS): Mary Kowitz Savannah Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Savannah Mo DATE Sept 15 1939

19. FUNERAL DIRECTOR (ADDRESS): E. C. Breit Savannah Mo.

20. FILED Sept. 14, 1939 Mrs. Jennie Rash Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept, I3 I939

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1938 to Sept 13, 1939 I last saw him alive on Sept 10, 1939. Death is said to have occurred on the date stated above, at I:20P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

~~Degeneration~~
Coronary Thrombosis
94 b

Other contributory causes of importance:
Congestive Heart Failure

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) [signature], M. D.
(Address) Savannah Mo

(Licensed Embalmer's Statement on Reverse Side)

I X12004

RECEIVED
District Health Officer No. 11
District File No. 1039-L306
Date Filed OCT 16 1939

STATEMENT BY LICENSED EMBALMER

I, E. C. Breit, Licensed Embalmer No. 2650

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

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.)