REC'D OCT 12 1939

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

31887
Do not use this space.

85

1. PLACE OF DEATH
(a) County Buchanan 2 Registration District No.
(b) Township or Primary Registration District No. 1001 Registered No. 931
(c) City St, Joseph 1 (d) Street No. 62i North 9th.St. 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 92C Leonard Litz
(a) Residence, No. 62I No.9th.st. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

11
5
7

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.

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: Loretta Litz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan.9th.I860

7. AGE: Years 79 Months 8 Days One If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stone Mason
9. Industry or business in which work was done, as saw mill, bank, etc. Construction
10. Date deceased last worked at this occupation (month and year) I930
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missiuri

FATHER
13. NAME: William Litz. 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

MOTHER
15. MAIDEN NAME: Unknown 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Elmer Litz 62i No.6th.st

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Cemetery DATE Sept I2th. 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS): J.I. Stingley St.Joseph. Mo

20. FILED Sept 12, 1939 A.J. Neuhebusch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept.I0th, 1939

22. I HEREBY CERTIFY, That I Viewed deceased from Sept I0th, 1939, to ....., 19....
I last saw h.....alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:30A m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

92C

Other contributory causes of importance: Arterio sclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? History Was there an autopsy? no

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? no
If so, specify .....

(Signed) H.W. Tadlock Coroner, M. D.
(Address) King Hill Bldg,

(Licensed Embalmer's Statement on Reverse Side)

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 J. L. Stringley

Licensed Embalmer No. 1946

P. O. Address St. Joseph, Mo

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

If this body is not embalmed, above space should be left blank.