

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3467

Registration District No. 135

Primary Registration District No. 3034

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Randolph **FILED FEB 7 1940**
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wabash Hospital /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Charles R. Fritz 672

3. (b) If veteran, name war _____ 3. (c) Social Security No. 712-160141

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruby Fritz 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 4th 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>3</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Messenger Baggage man

11. Industry or business R.R. Express - Wabash RR

12. Name Charles J. Fritz

13. Birthplace Pa /
(City, town, or county) (State or foreign country)

14. Maiden name Mary Osborne

15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Ruby Fritz /

(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof Feb 4 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quincy, Ill

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly, Mo

19. (a) Feb. 4 1940 (b) Leah Weidner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 838 Franklin St
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15th
year 1940 hour 2 minute 20 a.m.

21. I hereby certify that I attended the deceased from Nov. 17, 1940
to February 1, 1940
that I last saw him alive on February 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Encephalitis - Non epidemic
Duration Since Oct. 13, 1939

Due to _____
Due to 78

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury
23. Signature P. S. Kuratoriki M.D. (M. D. or other)
Address Wabash Employers Assoc. Date signed Feb. 2, 1940

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.

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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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 this body is not embalmed, above space should be left blank.