

APR 5 1941

STANDARD CERTIFICATE OF DEATH

State File No. 17757

Registration District No. 1104

Primary Registration District No. 5415

Registrar's No. 11

1. PLACE OF DEATH:

(a) County FRANKLIN *Born in*

(b) City or town Sullivan *(Rural)*

(c) Name of hospital or institution: \_\_\_\_\_

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 59 Years

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin *36*

(c) City or town Sullivan *(Rural)* *0*

(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) *0*

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME William Louis Fritsch

(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22

year 1941 hour 8 minute 45 A.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruby Fritsch 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased September 27, 1881

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr. 16 1941

\_\_\_\_\_ 19\_\_\_\_ to Apr. 22 1941;

that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>6</u>	<u>25</u>	hr. _____ min.

Immediate cause of death \_\_\_\_\_

Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

9. Birthplace Franklin Co. Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farming

12. Name Louis Fritsch

13. Birthplace Germany

(City, town, or county) (State or foreign country)

14. Maiden name Johanna Strothkamp

15. Birthplace Franklin Co. Missouri

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruby Fritsch

(b) Address Sullivan, Missouri

17. (a) Burial (b) Date thereof Apr. 25, 1941

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Japan Cemetery

18. (a) Signature of funeral director W. P. Shaffer

(b) Address Sullivan, Missouri

19. (a) April 24-41 (b) Charles Schindler

(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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? \_\_\_\_\_

272 (Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

28. Signature R. P. Royce (M. D. or other) *D*

Address Sullivan Mo. Date signed 4/24

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Edgar W. Laffoon*.....

Licensed Embalmer No..... *3394*.....

P. O. Address..... *Sullivan 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.**