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7-39
X26390

FILED AUG 16 1941

Registration District No. **919**

Primary Registration District No. **57930**

Registrar's No. **18**

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Rural Hawcreek Twp.
(If outside city or town limits, write "RURAL" and name of township)

(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan **71**

(c) City or town Rural **0**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **17**

3. (a) PRINT FULL NAME Emma Dorothy Lutz

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th.
year 1941 hour 6 minute 20 A.M.

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

6. (b) Name of husband or wife Harry Lutz 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased May 1 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1941
_____ 19____ to Aug. 5 1941
that I last saw her alive on Aug 5 1941
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>71</u>	<u>3</u>	<u>5</u>	hr. _____ min.
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Immediate cause of death Arteriosclerosis and senility **not returned**

Duration _____

9. Birthplace Cleveland / Ohio
(City, town, or county) (State or foreign country)

Due to _____

Due to _____ **97**

10. Usual occupation housewife

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

11. Industry or business _____

Major findings: Of operations _____

12. Name Henry Martens

Of autopsy _____

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

14. Maiden name Unknown

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

16. (a) Informant Harry Lutz

(b) Address Stover, Mo.

17. (a) Burial (b) Date thereof Aug. 7, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Cem.

18. (a) Signature of funeral director Russ Stevenson

(b) Address Stover Mo

19. (a) 8/11-41 (b) Wm Ripberger
(Date received local registrar) (In funeral signature)

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 J. J. Casabalt (M.D. or other) **200**

Address Stover Mo. Date signed Aug 6 41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1311

Date Filed 8-13-41

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, fact should be so stated above.