

No. 2
1-4-41
-17-39
X28390

DEC 13 1945

State File No. _____

Registration District No. _____

Primary Registration District No. 5074

Registrar's No. 73

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

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

In this community less yr.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates

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

(d) Street No. Mt. Pleasant Twp.
(If rural, give location)

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

3. (a) PRINT FULL NAME ANNIE ELIZABETH KOONTZ

3. (b) If veteran, name war _____

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11th
year 41 hour 3 minute 20 a

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 26 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1931 19 to Nov 11th 1941
that I last saw her alive on Nov 10th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Asthma

8. AGE: Years 72 Months 11 Days 16
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

10. Usual occupation Laundry

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Sarah Griffith

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

14. Maiden name Caroline Ray

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

Major findings:
Of operations _____

Of autopsy _____

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

16. (a) Informant: Mrs Lyla Jundy

(b) Address Butler Mo

17. (a) Burial (b) Date thereof Nov 13, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Oak Cem.

18. (a) Signature of funeral director Culver

(b) Address Butler Mo

19. (a) Nov 13, 1941 (b) Mina L Culver
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place) _____

While at work? _____ (a) Means of injury _____

23. Signature M D LaFuer (M. D. or other) _____
Address Butler, Mo Date signed 11/12/41

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

RECEIVED

District Health Officer No. 7;

District File Number 12-41-2034

Date Filed 12-11-41

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, ~~my~~.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

R. Stanton Lick

Licensed Embalmer No. 4123

P. O. Address

Butler, 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, fact should be so stated above.