

No. 2  
12-40  
17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37889

State File No. \_\_\_\_\_

Registrar's No. 1114

Registration District No. 85

Primary Registration District No. 1001

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

1. PLACE OF DEATH:

(a) County BUCHANAN

(b) City or town ST. JOSEPH  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: STATE HOSPITAL No. 22  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 yrs. 6 mo. 27 da.  
(Specify whether years, months or days)

In this community 6 yrs. 6 mo. 27 da.

3. (a) PRINT FULL NAME Frederick Kurtz, Jr.

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Esther (Klingaman) KURTZ

6. (c) Age of husband or wife if alive Dee's 42 years

7. Birth date of deceased: Oct 25 1902  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>39</u>	<u>39</u>	<u>0</u>	<u>25</u> hr. _____ min.

9. Birthplace: Maryville, Mo. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business \_\_\_\_\_

12. Name Frederick Kurtz

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

14. Maiden name Inda Frank

15. Birthplace 312 W. 2d Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Inda S. Kurtz

(b) Address 312 W. 2d Maryville, Mo.

17. (a) removal (b) Date thereof 11-20-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maryville Mo

18. (a) Signature of funeral director Prize Funeral Home

(b) Address Maryville, Mo.

19. (a) 11/20/41 (b) H. J. Neethling  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Maryville Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. 312 W. 2d  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 - day 20  
year 1941 hour 11 minute 10 A.M.

21. I hereby certify that I attended the deceased from 4-24, 1935, to 11-20, 1941;  
that I last saw him alive on 11-20, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Huntington's Chorea

Duration 24 yrs.

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

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

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

Major findings: Of operations \_\_\_\_\_

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

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 D

23. Signature H. J. Neethling (M. D. or other) M.D.

Address Maryville Date signed 11/20/41

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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

*Clem M. Price*

Licensed Embalmer No. *1822*

P. O. Address *Manville 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.**