

FILED MAY 12 1942

Registration District No. 28

Primary Registration District No. 6028B

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Rural Liberty 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 Stoddard

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

(d) Street No. Dexter R. 4.
(If rural, give location)

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

3. (a) PRINT FULL NAME Micheal Anthony Litzler

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1942 hour 3 minute X P. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Clara Backfish Litzler

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased July 10, 1908
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
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>33</u> | <u>8</u> | <u>13</u> | hr. _____ min. _____ |

Immediate cause of death Accident - Overturned tractor in drainage ditch.

9. Birthplace Stoddard Co. Mo.
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation Farmer

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

11. Industry or business _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Mike Litzler

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

14. Maiden name Mary Dietsch

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

16. (a) Informant Mrs. Clara Litzler

(b) Address Dexter, Mo.

17. (a) Burial (b) Date thereof 3-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Cemetery

18. (a) Signature of funeral director Blankenship-Strickland

(b) Address Dexter, Mo.

19. (a) 3-25-42 (b) Nora Smith
(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) Accident

(b) Date of occurrence 3-23-42

(c) Where did injury occur? Dexter #84
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm

While at work? yes (Specify type of place) _____
(e) Means of injury _____

23. Signature Pro. Neave Adley Caron (M. D. or other) _____
Address Bloomfield, Mo. Date signed 3-24-42

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

1134

RECEIVED
District Health Office No. 2,
District File Number 442-551
Date Filed 4-13-42

STATEMENT BY LICENSED EMBALMER

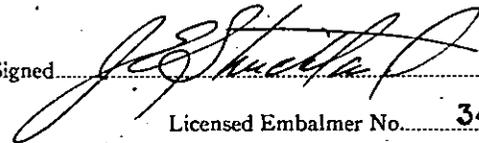
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

J. E. Strickland

Registered Apprentice No.

working under my personal supervision.

Signed



Licensed Embalmer No. 3479

P. O. Address Dexter, 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.