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

2177

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 118 Primary Registration District No. 4188 Registrar's No. 22

1. PLACE OF DEATH:
(a) County GASCONADE
(b) City or town OWENSVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: OWENSVILLE MO 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 2 YRS 1 MO. 22 DA. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County GASCONADE 37 2 0
(c) City or town Owensville
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JAMES MARION FRITZ
3. (b) If veteran, name war NO
3. (c) Social Security No. NO

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife NONE
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased NOVEMBER (Month) 22 (Day) 1940 (Year)

8. AGE: Years 2 Months 1 Days 22 If less than one day hr. min.

9. Birthplace Owensville (City, town, or county) MISSOURI 0 (State or foreign country)
10. Usual occupation none
11. Industry or business

FATHER
12. Name MARION FRITZ
13. Birthplace SULLIVAN (City, town, or county) MISSOURI 0 (State or foreign country)

MOTHER
14. Maiden name LENA CARROLL
15. Birthplace COLE CAMP (City, town, or county) MISSOURI 0 (State or foreign country)

16. (a) Informant Marion Fritz
(b) Address Owensville Missouri
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JANUARY 17 1943 (Month) (Day) (Year)
(c) Place: burial or cremation LIBERTY CEMETERY Owensville Mo
18. (a) Signature of funeral director P. F. Bottenstroeter
(b) Address Owensville Mo
19. (a) 1-17-43 (Date received local registrar) (b) Myrtle M. Wenkel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from ——— 19 to 1-15 1943 that I last saw her alive on 1-15 1943 and that death occurred on the date and hour stated above.

Immediate cause of death ~~Bronchopn~~ Acute cardiac dilatation — Terminal — 6 Hrs.
Due to Bronchopneumonia — 5 dys.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

Duration

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

23. Signature Paul A. Brenner (M. D. or other) MD
Address Owensville, Mo. Date signed 1-16-43

1287

(Licensed Embalmer's Statement on Reverse Side)

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 MP

....., Registered Apprentice No.....

working under my personal supervision.

Signed W.F. Gottenstroeter

Licensed Embalmer No. 1444

P. O. Address Owensville 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.