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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1943

Registration District No. 209

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

6997

State File No.

Registrar's No. 20

64
0

1. PLACE OF DEATH:

(a) County: Marion

(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Elizabeth's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community: Practically Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Marion

(c) City or town: Rural — near Philadelphia
(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:

3. (a) PRINT FULL NAME: Frank Lutz

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Lillie Reed Lutz

6. (c) Age of husband or wife if alive: 52 years

7. Birth date of deceased: August (Month) 3 (Day) 1873 (Year)

8. AGE: Years 69 Months 5 Days 13 If less than one day — hr. — min.

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

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: Abraham Lutz
13. Birthplace: not known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Margaret
15. Birthplace: not known (City, town, or county) (State or foreign country)

16. (a) Informant: Miss Lillie Lutz (daughter)

(b) Address: Philadelphia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 18 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Olivet Cemetery

18. (a) Signature of funeral director: Ray C. Schwartz

(b) Address: 1000 Broadway, Hannibal, Mo.

19. (a) 1/21/43 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 16 year 1943 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 10, 1943 to Jan 16, 1943 and that I last saw alive on Jan 16, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to:	
Due to: Apoplexy	
Other conditions (Include pregnancy within 3 months of death): Chronic myocarditis	
Major findings: Of operations: 93d	
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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: [illegible] (M. D. or other) M.D.

Address: 1011 Olive St. Hannibal Mo. Date signed: 1/16/43

11-6 (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.....

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

working under my personal supervision.

Signed: Roy P. Schwartz

Licensed Embalmer No. 1765

P. O. Address 100 Pkwy, Hamilton, N.J.

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.