

No. 2
-5-42
-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7897

State File No.

MAR 12 1943
Registration District No. 349

Primary Registration District No. 6173-

Registrar's No. 5-

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

1. PLACE OF DEATH:

(a) County, SULLIVAN

(b) City or town, PARA LIBERTY 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, 7 Months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State, MISSOURI (b) County, PUTNAM 105

(c) City or town, PARA HARRIS RED. 5

(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, RONLAND GENE LUTZ

3. (b) If veteran, name war, ✓

3. (c) Social Security No., ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 19 year 1943 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb. 11 19 43 to Feb. 19 19 43

that I last saw him alive on Feb. 19 19 43 and that death occurred on the date and hour stated above.

4. Sex, MALE 5. Color or race, WHITE 6. (a) Single, widowed, married, divorced, SINGLE

6. (b) Name of husband or wife, ✓ 6. (c) Age of husband or wife if alive, ✓ years (Day) (Year)

7. Birth date of deceased, JULY 4 1942 (Month) (Day) (Year)

Immediate cause of death, Broncho-pneumonia

Duration, 10 da.

8. AGE: Years Months Days If less than one day

7 15 hr. min.

Due to, 107

Due to, 107

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

9. Birthplace, SULLIVAN Co. MO (City, town, or county) (State or foreign country)

10. Usual occupation, Infant

11. Industry or business

MOTHER FATHER

12. Name, Louis Lutz

13. Birthplace, ANDERSON Co. KANSAS (City, town, or county) (State or foreign country)

14. Maiden name, BERTHA KLINGENSMITH

15. Birthplace, PUTNAM Co. MO (City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant, James Lutz

(b) Address, HARRIS MO. RED

17. (a) BURIAL (b) Date thereof, FEB. 20 1943 (Month) (Day) (Year)

(c) Place: burial or cremation, CATHOLIC CEMETERY

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?

18. (a) Signature of funeral director, Cam Stach August 1943

(b) Address, Unionville Mo. By J. Lutz

19. (a) Feb 23 - 1943 (b) Miss Sadie Johnson (Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)

(c) Means of injury, 2

23. Signature, W. W. Wise (M. D. or other) D.O.

Address, Harris, MO. Date signed, 2/22/43

1183

RECEIVED

District Health Officer No. 10

District File Number 3-43509

Date Filed MAR 11 1943

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.....

Not Embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

John N. Comstock

Licensed Embalmer No.

3891

P. O. Address.....

Shimville 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.