

FILED MAR 13 1943
Registration District No. 206

Primary Registration District No. 6209

Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County: Texas Piggy Twp
(b) City or town: Houston Rural
(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: 5 yrs years, months or days

3. (a) PRINT FULL NAME: FRANK REITZ

3. (b) If veteran, name war: None 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: Doris Ada Reitz 6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: May 9 1871 (Month) (Day) (Year)

8. AGE: Years: 70 Months: 9 Days: 2 If less than one day: _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name: Daniel S Reitz
18. Birthplace: unknown (City, town, or county) (State or foreign country)

14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs Doris Reitz wife
(b) Address: Houston Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 12 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Houston Cemetery

18. (a) Signature of funeral director: J. H. ...

(b) Address: Mrs. ...

19. (a) Feb. 25-43 (Date received local registrar) (b) Mrs. Ella Duff (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Texas
(c) City or town: Houston Rural (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. Day: 11 year: 1943 hour: _____ minute: _____ M.

21. I hereby certify that I attended the deceased from last 6 1943 to Feb. 9 1943 that I last saw him alive on Feb. 9 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral of stomach Duration _____

Due to _____

Due to _____

Other conditions: (include pregnancy within 3 months of death) H68

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature: J. H. ... (M. D. or other) _____
Address: Houston Date signed: 2-12-43

RECEIVED

District Health Officer No. 6,

District File Number 343153

Date Filed 9-8-49

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

Russell W. Barber

Licensed Embalmer No.

3848

P. O. Address

17th Army Ave.

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, above space should be left blank.