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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 11 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14619

State File No.

Registration District No. 163 Primary Registration District No. 5596 Registrar's No. 24

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rural Walls Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route 1, Hillsboro
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 80 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 50

(a) State Missouri (b) County Jefferson 0

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1, Hillsboro
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME FREDLING LEUTZINGER

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 0 Single

6. (b) Name of husband or wife X

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

7. Birth date of deceased Sept. 23 - 1855
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
87	6	12	hr. min.

9. Birthplace St. Louis -Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Farmer

FATHER
12. Name Hilarus Leutzinger 5
13. Birthplace Bern Switzerland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ? ?
15. Birthplace ? ? 9
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Leutzinger
(b) Address Route 1 - Hillsboro Mo.

17. (a) Burial (b) Date thereof April 7-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillsboro, Mo.

18. (a) Signature of funeral director Lee Mothershead
(b) Address DeSoto, Mo.

19. (a) 4-7-43 (b) Fern Spencer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1943 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from 11-9, 1942 to 4-5, 1943
that I last saw him alive on 3/29, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	?
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93d	

Major findings:
Of operations
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 Chas E Tallet (M. D. or other)

Address De Soto Mo. Date signed 4-6-43

367 (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 J. Lee Mothershead

Licensed Embalmer No. 3531

P. O. Address DeSoto

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.