

No. 2  
5-42  
5-17-39  
X32

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27617  
Registrar's No. 50

FILED SEP 9 1943 7  
Registration District No. 7

Primary Registration District No. 5078

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

1. PLACE OF DEATH: **Bates**  
(a) County: **Bates**  
(b) City or town: **Deepwater Twp**  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: **lifetime**  
In this community: **lifetime**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: **Howard Benton Lutsenhizer**  
3. (b) If veteran, name war: **X**  
3. (c) Social Security No.: **X**

4. Sex: **male**  
5. Color or race: **White**  
6. (a) Single, widowed, married, divorced: **married**  
6. (b) Name of husband or wife: **Ruth**  
6. (c) Age of husband or wife if alive: **32** years  
7. Birth date of deceased: **August 18th 1911**  
(Month) (Day) (Year)

8. AGE: Years: **32** Months: **0** Days: **13**  
If less than one day: hr. min.

9. Birthplace: **Bates Co. Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **Farmer**

11. Industry or business:

MOTHER FATHER {  
12. Name: **Del Lutsenhizer**  
13. Birthplace: **Bates Co. Missouri**  
14. Maiden name: **Branch Price**  
15. Birthplace: **Henry Co. Iowa**  
(City, town, or county) (State or foreign country)

16. (a) Informant: **Ruth Lutsenhizer**  
(b) Address: **RFD Butler Missouri**

17. (a) Burial (b) Date thereof: **9-2-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation: **Oakhill Booths**

18. (a) Signature of funeral director: **Butler Missouri**  
(b) Address:

19. (a) **Sept 1, 1943** (b) **Ruthie Compton**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State: **Missouri** (b) County: **Bates**  
(c) City or town: **RFD Butler Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No.: **Summitt Twp.**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **Aug.** day: **31**  
year: **1943** hour: **7** minute: **30 Am.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Fatal Shotgun Wound of head**

Due to: **2-12 gage charges entering right temple of head**  
Due to: **self inflicted**

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

Major findings: Of operations: **164C**  
Of autopsy:

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): **suicide**  
(b) Date of occurrence: **Aug. 31/43**  
(c) Where did injury occur? **1 1/2 north Spruce, Bates Co.**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**on county road**  
(Specify type of place)

While at work? (Specify type of place) **Bates Co.**  
(e) Means of injury: **Coroner**

23. Signature: **John G. Lutsenhizer** Date signed: **8/31/43**  
Address:

RECEIVED

District Health Officer No. 7,

District File Number 8-43-911

Date Filed 9-8-43

**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 John H. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.**