

FILED SEP 3 1943

Registration District No. 290

Primary Registration District No. 4428

Registrar's No. 99

1. PLACE OF DEATH

(a) County Pulaski
(b) City or town Richland
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Lotta Heid Kurtz

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or face W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased June 18 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Pratt Kans.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name John McManis

13. Birthplace Pratt Kans.
(City, town, or county) (State or foreign country)

14. Maiden name unkn

15. Birthplace unkn
(City, town, or county) (State or foreign country)

16. (a) Informant R. Leming's

(b) Address Richland Mo.

17. (a) Cremation Date thereof 8/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sp. Cem.

18. (a) Signature of funeral director R. B. Deeper

(b) Address Richland Mo.

19. (a) Aug 17 1943 (b) Chas. M. Dodd
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Richland
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (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 10th
year 1943 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from Dec 10 1940 to Aug 10 1943
that I last saw her alive on Aug 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Starvation Duration 60 days

Due to Tubercular Laryngitis 2 years

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13 ft!

Major findings: Of operations _____

Of autopsy none

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 Ernest A. Oliver, M.D. (M.D. or other)

Address Richland, Mo. Date signed 8/21/43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

Pulaski County Health Officer

File Number 9-43-98

Date Filed 9-2-43

9-1-98

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 _____

R. B. [Signature]

Licensed Embalmer No. _____

3198

P. O. Address _____

Richland

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.