S. No.
0M—2-43
V. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3787

Registration District No. 257 Primary Registration District No. 3045 Registrar's No. 202

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

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

3. (a) PRINT FULL NAME John Rowan Kurtz
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Oct 22 1875-1871 (Month) (Day) (Year)

8. AGE: Years 68 62 Months 2 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Kentucky (City, town, or county) 1 (State or foreign country)
10. Usual occupation .....
11. Industry or business .....
12. Name Unk
13. Birthplace ..... (City, town, or county) 9 (State or foreign country)
14. Maiden name .....
15. Birthplace ..... (City, town, or county) 9 (State or foreign country)
(FATHER / MOTHER)
16. (a) Informant Sister of St. Francis
(b) Address Maryville Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-3-44 (Month) (Day) (Year)
(c) Place: burial or cremation Malvern Iowa
18. (a) Signature of funeral director Campbell Funeral Home
(b) Address 957 South Main Maryville Mo
19. (a) Jan 1-44 (Date received local registrar) (b) Amy Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1st year 1944 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from May 1942 to 1-1 1944; that I last saw him alive on 1-4-44 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	
Due to	
Due to Prostrate Coloma Chronic myocarditis Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93d
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? .....
While at work? ..... (Specify type of place) (e) Means of injury .....

23. Signature [illegible] (M. D. or other) M D
Address Maryville Date signed 1-2-44

1547 (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.....

Licensed Embalmer No.....

P. O. Address.....

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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo } ss.
County of Nodaway }

State File No.
Local Registrar's No. 202

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 12th day of February, 1944, before me appears Amy Barber, who, upon her oath, states that the original record of ~~birth~~ death for John Rowan Kuntz ~~born~~ died Jan 1, 1944 in the State of Missouri, and which was filed at Maryville, Mo. on 1-4, 1944, should be corrected as follows:

Item No. 3a should read John Rowan Kuntz.
Instead of Rowan Kuntz

Item No. 6a should read Single
Instead of Unknown

Item No. 7 should read Oct. 22 - 1875
Instead of Oct. 22 - 1871

Item No. 8 should read 68 - 2 - 9
Instead of 61 - 2 - 9

Item No. 9 should read
Instead of

Item No. 10 should read
Instead of

Item No. 16a should read
Instead of

Item No. 16b should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL) 17c

Affiant Amy Barber — None Relationship.
Local Registrar
604 So. Buchanan, Maryville Mo
Present Address.

Subscribed and sworn to before me this 12th day of February, 1944.

My Commission expires Feb. 10, 1946 Mary Cole Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M-8-42
I X33820

FEB 18 1944

3787