

No. 2
-2-43
-17-39
X35597

State File No.

FILED MAR 14 1944

Registration District No. 341

Primary Registration District No. 6152A

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Rural Liberty Twp.
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard ¹⁰³

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

(d) Street No. Dexter R. #4 ⁰
(If rural, give location)

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

If yes, name country _____ ⁰

3. (a) PRINT FULL NAME Mary Theresa Litzler

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Micneal Litzler

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Dec. 6 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63	1	28	hr. _____ min.
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9. Birthplace Ind. /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name David Dietsch

13. Birthplace no record ⁹
(City, town, or county) (State or foreign country)

14. Maiden name Fredricka Schoney

15. Birthplace no record ⁷
(City, town, or county) (State or foreign country)

16. (a) Informant Micheal Litzler

(b) Address Dexter, Mo.

17. (a) burial (b) Date thereof 2-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter Cemetery

18. (a) Signature of funeral director: Blankenship-Strickland

(b) Address Dexter, Mo.

19. (a) 3-3-44 (b) Nora Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
year 1944 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 1940
19. 7 to Feb 4 19. 44

that I last saw h. er alive on Feb 4 19. 44
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy or Cerebral Thrombosis 2 days

Due to Hypertensive Cardiovascular syndrome 4 yrs

Other conditions (Include pregnancy within 3 months of death) 83 f

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

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 0

23. Signature George Schaefer (M. D. or other) _____

Address Dexter Mo. Date signed 3/1/44

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

RECEIVED

District Health Office No. 2

District File Number 344-4

Date Filed 3-9-44

APR 7 1944

APR 7 1944

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. 3179

P. O. Address Clinton, 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.