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FILED APR 7 1944  
Registration District No. 24

Primary Registration District No. 5015

State File No. \_\_\_\_\_  
Registrar's No. 31

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

1. PLACE OF DEATH:

(a) County Andrew

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

(c) Name of hospital or institution:  
4 miles North Amazonia, Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 45 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

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

(d) Street No. 4 miles North Amazonia, Mo.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ROSA LEE KURZ

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28  
year 1944 hour 4 minute 45 A. M.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Walter Kurz

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

7. Birth date of deceased Sept. 5 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 11 1944 to March 28 1944  
that I last saw h. er alive on March 27 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death Angina Pectoris 4 days

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>6</u>	<u>23</u>	hr. _____ min. _____

Due to Chronic Endocarditis 20 years

9. Birthplace unknown Switzerland  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 92d

10. Usual occupation at home

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Adolph Durtschi

13. Birthplace unknown Switzerland  
(City, town, or county) (State or foreign country)

14. Maiden name Rosa Durtschi

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

16. (a) Informant Clarence R. Kurz

(b) Address Amazonia, Mo.

17. (a) Burial (b) Date thereof 3/30/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Reformed Cem.

18. (a) Signature of funeral director Hester Boller & Bowman

(b) Address 319 South 10th

19. (a) 3/29/44 (b) J. K. Fritschman  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature News M. Steidley (M. D. or other) 2 OS  
Address Swannock Mo. Date signed March 29

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**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.....

*Frank A. Bourman*

Licensed Embalmer No.....

*1710*

P. O. Address.....

*St. Joseph M*

**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.**