

1. PLACE OF DEATH:

(a) County ST. FRANCOIS

(b) City or town BONNE TERRE MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
37 CHURCH ST.
(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 ST. FRANCOIS

(c) City or town BONNE TERRE
(If outside city or town limits, write "RURAL")

(d) Street No. 37 CHURCH ST.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME LAVERN HARRISON KURTZ

3. (b) If veteran, name war _____

3. (c) Social Security No. 490-03-6868

4. Sex M 5. Color or race W

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

(b) Name of husband or wife STELLA IRENE KURTZ

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased OCTOBER 24 1889
(Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 3 If less than one day _____
hr. _____ min.

9. Birthplace WALKER ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation PURCHASING AGT.

11. Industry or business B.T. FARMING + CATTLE CO

12. Name FREMONT KURTZ

13. Birthplace CINCINNATI OHIO
(City, town, or county) (State or foreign country)

14. Maiden name EMILY EVANS

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

16. (a) Informant Miss Stella Kurta

(b) Address 37 CHURCH, BONNE TERRE MO

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

(c) Place: burial or cremation PATTERSON MO

18. (a) Signature of funeral director Benham and Co

(b) Address 313 Benham Bonne Terre MO

19. (a) 3-30-44 (b) Forrest Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 27th
year 1944 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from only
1935 to March 27, 44 1944

that I last saw her alive on March 28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Coronary Disease

Duration 10 minutes

Due to _____

Due to _____

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

Major findings: Of operations _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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? In his home
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Geo. R. Watkins (M. D. of Obv.)
Address Farmington Mo Date signed 3-29-44

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

74
2
1

RECEIVED

Sanitary Health Officer No. 4
Sanitary File Number 44-370
Date Filed 4-12-44

JUN 20 1945

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 A. J. Claywell

Licensed Embalmer No. 370.6

P. O. Address Bonne Terre 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.