

FILED MAY 1 1944

Primary Registration District No. **3793**

Registrar's No. _____

1. PLACE OF DEATH: *Montezuma, CO.*
 (a) County *San Juan*
 (b) City or town *Sandy Hook, San Juan*
 (c) Name of hospital or institution: *1*
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community *all of her life* years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State *Mo* (b) County *Montezuma*
 (c) City or town *Jamesstown (Rural)*
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? *No* (If yes, name country _____)

3. (a) PRINT FULL NAME *Margaret Elizabeth Gutz*
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month *March* day *31*
 year *1944* hour *7* minute *25 A.M.*
 21. I hereby certify that I attended the deceased from *1940*
 19 _____ to *3-31-44* 19 _____
 that I last saw her alive on *3-31-44* 19 _____
 and that death occurred on the date and hour stated above.

4. Sex *Female* 5. Color or race *White* 6. (a) Single, widowed, married *Divorced*
 6. (b) Name of husband or wife *James Marion Gutz* 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased *Feb - 10 - 1867*
 (Month) (Day) (Year)

Immediate cause of death *Apoplexy*
 Due to _____
 Due to _____
 Other conditions (Includes pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE:	Years	Months	Days	If less than one day
	<i>77</i>	<i>1</i>	<i>21</i>	hr. _____ min. _____

9. Birthplace _____ (City, town, or county) (State or foreign country)
 10. Usual occupation *House wife*
 11. Industry or business _____
 12. Name *Christ Balderson*
 13. Birthplace *Switzerland* (City, town, or county) (State or foreign country)
 14. Maiden name *Catherine Gutz*
 15. Birthplace *unknown* (City, town, or county) (State or foreign country)

16. (a) Informant *J. E. Gutz*
 (b) Address *Jamesstown MO*
 17. (a) *Burial* (b) Date thereof *4-2-1944*
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation *Haldiman Chapel*
 18. (a) Signature of funeral director *Chas. C. Fullrich*
 (b) Address *Jamesstown MO*
 19. (a) *4-3-1944* (b) *Grace Gutz*
 (Date received local registrar) (Registrar's signature)

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 *Dr. B. Reynolds* (M. D. or other)
 Address *Jamesstown* Date signed *4-3-44*

Duration *12 hr.*
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4. 28. 44.....

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.....

H. C. Friedman

Licensed Embalmer No. 8854

P. O. Address California, 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.

Registration District No. 221

Primary Registration District No. 5793

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Monteau
(b) City or town Sandy Hook
(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

3. (a) PRINT FULL NAME Margaret E. Lentzsch
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb - 10 (Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 10 If less than one day _____ min.
9. Birthplace 2408 1/2 Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) Grace Lentzsch (Registrar's signature)
(Date received local registrar)

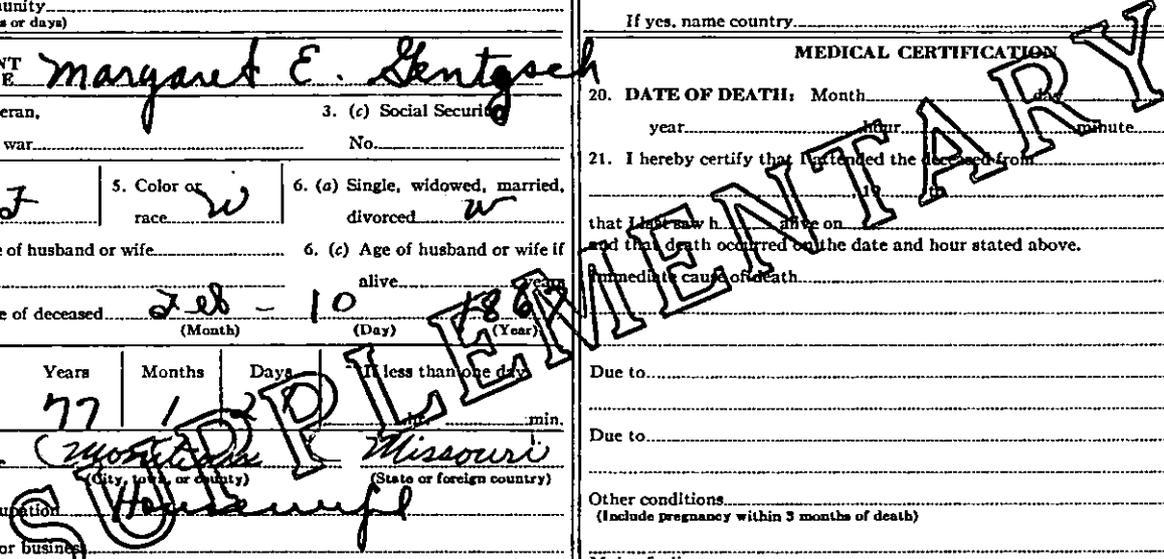
2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____ day _____ year _____ hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____ after on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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



MOTHER FATHER

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

15252