

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16099

Registration District No. 378

Primary Registration District No. 3786285

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Texas Wright
(b) City or town Mtn. Grove, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas Wright #14
(c) City or town Mtn. Grove, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME

August Lutz

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Mabel Ingold Lutz

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased April 28 1883
(Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 26
If less than one day hr. min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John Lutz

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

14. Maiden name Christina Lutz

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

16. (a) Informant Mabel Ingold Lutz

(b) Address Mtn. Grove, Mo.

17. (a) Removal (b) Date thereof 2-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews, St. Louis, Mo.

18. (a) Signature of funeral director Russell Barber

(b) Address Mtn. Grove, Mo.

19. (a) 2/26/44 (b) AWKover
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24
year 1944 hour 6:30 minute P M.

21. I hereby certify that I attended the deceased from 6-10 1941 to 2-23 1944
that I last saw h. IM alive on 2-23 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration 6 days

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death) 3al
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 W. A. Craig Dantz (M.D. or other)
Address Mountain Grove Date signed 2-26-44

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

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

RECEIVED

District Health Officer No. 6,

District File Number

444 277

Date Filed

7-9-44

SEP 25 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.....

Russell Barber

Licensed Embalmer No.

3848

P. O. Address.....

Man Grove, Pa

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.