

FILED DEC 12 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 3008

Registrar's No. 362

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: Callaway County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days
(Specify whether years, months or days)

In this community 43 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

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

(d) Street No. 808 Court Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OTTO H. WOLZ

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb. 24 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>8</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Watch-maker

11. Industry or business Jewelry Store

MOTHER FATHER { 12. Name John Wolz

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

14. Maiden name Alwina Friess

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

16. (a) Informant Miss Rose Walz

(b) Address 808 Court St., Fulton, Mo.

17. (a) Burial (b) Date thereof 11-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hilcrest Cemetery

18. (a) Signature of funeral director Wallace Funeral Home

(b) Address Fulton, Mo.

19. (a) 11-6-1944 (b) Joie M. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4 year 1944 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov 1944 to Nov 4 1944
that I last saw him alive on Nov 4 1944
and that death occurred on the date and hour stated above

Immediate cause of death Chronic nephritis Duration _____

Due to Arterio Sclerosis

Due to _____

Other conditions 131
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

Signature [Signature] (M. D. or other) _____

Address Fulton Mo Date signed 11/6/44

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

4
1
2

NOV 26 1952

RECEIVED

District Health Officer No. 9

District File Number _____

Date Filed 12-11-54

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. 4168

P. O. Address Fulton, 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.