

FILED SEP 12 1945

State File No. _____

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 936

1. PLACE OF DEATH:

(a) County Buchanan

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

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

(d) Length of stay: In hospital or institution 2 Days
(Specify whether years, months or days)

In this community 2 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

(c) City or town Oregon, Missouri
(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 _____

3. (a) PRINT FULL NAME Bertha Maetta Kurtz

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Elliott Kurtz

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased December 10 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>63</u>	<u>8</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Milton Price

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

14. Maiden name Elizabeth Kern

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

16. (a) Informant Mr. Raymond Kurtz

(b) Address Oregon, Missouri

17. (a) Burial (b) Date thereof Sept. 2 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Missouri

18. (c) Signature of funeral director James H. Pettigall

(b) Address Oregon, Mo

19. (a) 9-5-45 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31
year 1945 hour 7 minute 05 P.M.

21. I hereby certify that I attended the deceased from 8-29 1945 to 8-31 1945
that I last saw him alive on 8-31 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction
ileum due to postoperative
adhesions

Due to _____

Other conditions Arteriosclerosis general
(Include pregnancy within 3 months of death)
Hemiplegia right

Major findings of operations Tobacco-staining of ileum
8-31-45

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 J. P. Heron (M. D. or other) _____

Address M. Joseph Mo Date signed 9-1-45

Duration

5 days

30

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1028

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.....

James H. Pettigrew
.....
Licensed Embalmer No..... *3192*
P. O. Address..... *Oregon 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.