

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED JAN 18 1946 STANDARD CERTIFICATE OF DEATH

State File No. 3107

Registration District No. 169

Primary Registration District No. 4262

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Knox City
(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 57-9-1 (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME HOSA-NORTHCUTT-BOLTZ

3. (b) If veteran, name war World War One 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elsie Boltz 6. (c) Age of husband or wife if

7. Birth date of deceased April 4 1888 (Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 1 If less than one day hr. min.

9. Birthplace Knox Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John P Boltz

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

14. Maiden name Providence Cassidy

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

16. (a) Informant Elsie Boltz

(b) Address Knox City Mo

17. (a) Burial (b) Date thereof Jan 7-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Knox City Cemetery

18. (a) Signature of funeral director Walter

(b) Address Knox City Mo

19. (a) 1-11-46 (b) Walter S. Numata (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Knox 52
(c) City or town Knox City 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5
year 1946 hour 8 PM minute 30 M.

21. I hereby certify that I attended the deceased from June 1945 to Jan 5 1946
that I last saw him alive on Jan 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic
Dilatation of Heart 2 yrs
Causing Myocarditis
Due to Arteriosclerosis 2 yrs

Due to

Other conditions
(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?

(Specify type of place) While at work? (a) Means of Injury

23. Signature Waldo Brown (M. D. or other) Wp
Address Knox City Mo Date signed 1/6/46

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

1453

28
8-46

151

JAN 21 1946

FEB 4 1946

RECEIVED
District Health Officer No. 10
District File Number 1-46-5
Date Filed JAN 16 1946

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 Walter Wolter

Licensed Embalmer No. 684

P. O. Address West City, 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.