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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17093

Registration District No. 164 Primary Registration District No. 3-03-2-5601 Registrar's No. 53

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

15974

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:
Highway # 13 North
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
In this community 1 Yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Warrensburg Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Highway # 13 North 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME William Joseph Kurtz

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb 13 1933
(Month) (Day) (Year)

8. AGE: Years 13 Months 3 Days 7 If less than one day hr. min.

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

10. Usual occupation School Boy

11. Industry or business

FATHER
12. Name William Joseph Kurtz
13. Birthplace New York (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Madaline Wills
15. Birthplace New York (City, town, or county) New York (State or foreign country)

16. (a) Informant Wm. J. Kurtz
(b) Address Warrensburg Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-24-46 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips
(b) Address Warrensburg Mo.

19. (a) May 21, 1946 (Date received local registrar) (b) Savannah Quetzfield (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1946 hour 2 minute P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Accidental gunshot wound	
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) accident

(b) Date of occurrence May 20, 1946. 51

(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?
Rural home.
(Specify type of place)

While at ~~work~~ play (e) Means of injury Rifle Shot

23. Signature Mrs. F. May Andruss, Coroner (M.D. or other)
Address Holden, Mo. Date signed 5/21/46

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(Licensed Embalmer's Statement on Reverse Side)

JAN 11 1950

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 J. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.