. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 29 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22623

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 53

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: The St Vincent Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month - 1 day (Specify whether
In this community over 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence 55
(c) City or town "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. Freistatt Township 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME William Fritz
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, 2 divorced Widowed
6. (b) Name of husband or wife Katherina Fritz
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased October (Month) 9 (Day) 1860 (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	8	29	hr. min.

9. Birthplace Winona (City, town, or county) Minnesota (State or foreign country)
10. Usual occupation Farming
11. Industry or business Farm
FATHER
12. Name John Fritz 4
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Amelia Kastner
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Albert Fritz
(b) Address R.F.D. 1 Monett Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Freistatt Mo
18. (a) Signature of funeral director Callaway's
(b) Address Monett Mo
19. (a) 7-10-46 (Date received local registrar) (b) W. M. West (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1946 hour 9 minute 15 A.M.
21. I hereby certify that I attended the deceased from Oct 11 1945 to July 8 1946
that I last saw him alive on July 7 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arterio-Sclerotic Cardio-Vascular Renal disease	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 1310	
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? (e) Means of injury 0
23. Signature Robert R. Donley (M. D. or other)
Address Date signed July 10 '46

12 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 246-790
Date Filed JUL 24 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 J. W. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett 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.