S. No. 2
M—5-43
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I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23362

FILED JUL 29 1946

Registration District No. ____ Primary Registration District No. 3021 Registrar's No. ____

1. PLACE OF DEATH:
(a) County Grundy County
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 807½ South Main St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundy
(c) City or town Trenton
(If outside city or town limits, write "RURAL")
(d) Street No. 807½ S. Main St.
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Bernhardt Thomas Kurtz
3. (b) If veteran, name war ____
3. (c) Social Security No. 480-01-6571

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Minnie Kurtz
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Sept. (Month) 6 (Day) 1876 (Year)

8. AGE: Years 69 Months 8 Days 15 If less than one day ____ hr. ____ min.

9. Birthplace Muscatine (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Salesman (retired)
11. Industry or business Oil
FATHER
12. Name Thomas Kurtz
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret (Unknown)
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Minnie Kurtz
(b) Address Trenton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Grove Trenton
18. (a) Signature of funeral director Raymond Davis
(b) Address Trenton, Missouri
19. (a) June 1, 1946 (Date received local registrar) (b) Irene Fair (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1946 hour 3 minute P.M.
21. I hereby certify that I attended the deceased from ____, 19__, to May, 1946 that I last saw him alive on May 20, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of the lung	about one yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 4/7d
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

23. Signature C. H. Cullers M.D. (M. D. or other)
Address Trenton Mo. Date signed 5-23-46

115 (Licensed Embalmer's Statement on Reverse Side)

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~~ Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Trenton, 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.