

FILED JAN 9 1947
Registration District No. 973

Primary Registration District No. 4277

Registrar's No. 117520

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Verona
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wilbert Pfitzner

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race _____ 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased July 7 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31st. year 1946 hour 6 minute after M.

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

8. AGE: Years Months Days If less than one day

76 5 24 hr. _____ min.

9. Birthplace Germany U
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

Immediate cause of death Thrombosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy None

11. Industry or business _____

MOTHER, FATHER { 12. Name Ignatz Pfitzner U

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

14. Maiden name Mary Freidle U

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

16. (a) Informant Joe Pfitzner

(b) Address Verona

17. (a) Verona, Mo. (b) Date thereof Jan. 2, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem. Verona

18. (a) Signature of funeral director _____
(b) Address Aurora, Mo.

19. (a) Jan. 2-47 (b) Ors. Mc Natt
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)

Means of injury 3

23. Signature Herman Surridge _____
Address Marionville Mo Date signed 1/1/47

RECEIVED

District Health Officer No. 6,

District File Number 147-18

Date Filed JAN 6 1947

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.....

John H. King
working under my personal supervision.

....., Registered Apprentice No.

Signed *John H. King*

Licensed Embalmer No. 3529

P. O. Address Laura 940

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.