

FILED JAN 7 1947

Registration District No. 294

Primary Registration District No. 60-03086

Registrar's No. 275

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Moberly, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Sugar Creek Luf 3  
(If not in hospital or institution, write street number or location)  
(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 Howard 45  
(c) City or town Fayette 1  
(If outside city or town limits, write "RURAL") 1  
(d) Street No. \_\_\_\_\_ (If rural, give location) 1  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James William Lutz

3. (b) If veteran, name war --- 3. (c) Social Security No. 494-20-8906

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

6. (b) Name of husband or wife Julian Smelser 6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased April 5 1924  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>22</u>	<u>8</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Baltimore Md. (City, town, or county) (State or foreign country)

10. Usual occupation Truck driver

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
 12. Name William James Lutz 0  
 13. Birthplace Howard County Missouri (City, town, or county) (State or foreign country)  
 14. Maiden name Ella Griffin  
 15. Birthplace Howard County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ella Lutz  
(b) Address Fayette, Missouri

17. (a) Burial (b) Date thereof 12/30/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fayette City Cemetery

18. (a) Signature of funeral director Ralph A. Carr

(b) Address Fayette, Missouri

19. (a) Dec 30-46 (b) Deah Williams Lutz  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27  
year 1946 about 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Coronary Case, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart shot wound  
caused by his  
Due to own hands

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 1640  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) suicide 1/27  
(b) Date of occurrence 12-27-1946  
(c) Where did injury occur? Moberly Randolph Co  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, or industrial place, in public place?  
One State Highway # 24  
While at work? no (Specify type of place) (e) Means of injury Revolver

23. Signature W Williams (M. D. or other) D  
Moberly, Mo. Coronary Date signed 1-2-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED  
State Health Officer No. 10  
Licensing File No. 1:47:12  
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, \_\_\_\_\_,  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed Ralph A. Carr  
Licensed Embalmer No. 3340  
P. O. Address Dayette 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.**