

S. No. 2
-12-45
5-17-39
PI X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21782

FILED JUL 10 1947

Registration District No. 156

Primary Registration District No. 2001

Registrar

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jasper

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

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

In this community 6 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 49

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

(d) Street No. 114 S. Bell
(If rural, give location)

(e) Citizen of foreign country? 1

If yes, name country _____

3. (a) PRINT FULL NAME George William Lutz

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

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

7. Birth date of deceased Nov 27 1879
Month Day Year

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

76	5	18	hr. min.
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9. Birthplace Frederick (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farmer

12. Name Lena Margaret Lutz

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

14. Maiden name _____

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

16. (a) Informant Wesley Lutz

(b) Address North City

(c) Place: burial or cremation Freemont Hospital

(d) Signature of funeral director North City

(e) Address North City, Mo.

19. (a) 5-22-47 (Date received local registrar)

(b) Robert Lampkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1947 hour 11:55 minute 0

21. I hereby certify that I attended the deceased from April 14, 1947, to May 15, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure

Due to Chronic Myocarditis and arterial-hypertension.

Due to General carcinomatosis from carcinoma of the prostate.

Other conditions Endarteritis Obliterans and gangrene of right foot (Include pregnancy within 3 months of death)

Major findings: Endarteritis Obliterans and gangrene of right foot.

Of autopsies one

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) (c) Means of injury _____

23. Signature Robert Lampkins (M. D. or other) _____

Address 527 Frisco Bldg Date signed 5-21

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

47-6-505

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 Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Wells Betts 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.