No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24557

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Johns Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15½ hours (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 320 Moffet Ave 5
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Wade Kurtz
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 28 (Day) 1879 (Year)

8. AGE: Years 68 Months 2 Days 22 If less than one day hr. min.

9. Birthplace East Stroudsburg (City, town, or county) Penna (State or foreign country) 1
10. Usual occupation retired
11. Industry or business public accountant
FATHER
12. Name no record
13. Birthplace no record (City, town, or county) (State or foreign country) 7
MOTHER
14. Maiden name no record
15. Birthplace no record (City, town, or county) (State or foreign country) 9
16. (a) Informant Wade Kurtz; in person, 1945
(b) Address 320 Moffet Ave
17. (a) removal (Burial, cremation, or removal) (b) Date thereof June 20, 47 (Month) (Day) (Year)
(c) Place: burial or cremation Stroudsburg, Penna
18. (a) Signature of funeral director Thornhill-Dillon Mortuary
(b) Address Joplin, Missouri
19. (a) 6-19-47 (Date received local registrar) (b) Dolores Lampkins D.R. (Registrar's signature) 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1947 hour 5 minute 14 a M.
21. I hereby certify that I attended the deceased from Jan 1943, 19, to June 19, 1947;
that I last saw him alive on June 18, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	2 days.
Due to Chr. inst Nephritis Parkinson Disease	second month 4-5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131A

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 J A Chenoweth (M. D. or other)
Address Joplin Mo Date signed 6/19/47

(Licensed Embalmer's Statement on Reverse Side)

47-7-619

MAY 7 1948

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 Erling M. Dungy

Licensed Embalmer No. 3566

P. O. Address Joplin 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.