

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED SEP 19 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30638**  
Registrar's No. **67**

Registration District No. **52** Primary Registration District No. **3009**

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

1. PLACE OF DEATH:  
(a) County **Cape Girardeau**  
(b) City or town **Jackson Mo.**  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community  
years, months or days

3. (a) PRINT FULL NAME **Joseph Kirtz**  
(b) If veteran, name war  
(c) Social Security No.

4. Sex **M** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Widow**  
(b) Name of husband or wife **Minnie Werth**  
(c) Age of husband or wife if alive years  
7. Birth date of deceased **Oct 15 1864**  
(Month) (Day) (Year)

8. AGE: Years **87** Months **10** Days **25**  
If less than one day hr. min.

9. Birthplace **Frederick MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business

MOTHER FATHER  
12. Name **Bernhard Kirtz**  
13. Birthplace **Germany**  
14. Maiden name **Luise Renner**  
15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Albert Bollinger**  
(b) Address **Jackson Mo**

17. (a) **Burial** (b) Date thereof **9/21/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Bible Cemetery**

18. (a) Signature of funeral director **M. Combs**  
(b) Address **Jackson Mo**

19. (a) **9-11-47** (b) **D. G. Lutz**  
Date received local registrar (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Cape Girardeau**  
(c) City or town **Jackson Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept** day **30**  
year **1947** hour **10** minute **1** M.  
21. I hereby certify that I attended the deceased from **Sept 9 1947** to **Sept 10 1947**  
that I last saw him alive on **Sept 9 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart Block**  
Duration **short**

Due to  
Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **A 5 P**  
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?

While at work (Specify type of place) (e) Means of injury  
23. Signature **D. G. Lutz** (M. D. or other)  
Address **Jackson Mo** Date signed **9-11-47**

RECEIVED

District Health Officer No. 4  
District File Number 947-1794  
Date Filed 9-12-47

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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 BH Meyer  
Licensed Embalmer No. 3051  
P. O. Address Jackson Gro.

**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.