S. No. 2
M—12-45
5-17-39
1 X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1519

FILED FEB 4 1948

Registration District No. 136 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 John's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 hours (Specify whether

In this community 4 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 624 N. Walker (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anson Kurtz

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna Kurtz

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

7. Birth date of deceased April (Month) 6 (Day) 1893 (Year)

8. AGE: Years	Months	Days	If less than one day
54	9	0	hr. min.

9. Birthplace Trenton (City, town, or county) N. J. (State or foreign country)

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name Albert Kurtz
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Pauline Gottlieb
15. Birthplace (City, town, or county) Austria (State or foreign country)

16. (a) Informant Mrs O. L. Sayre

(b) Address Webb City

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 6 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Newark N. J.

18. (a) Signature of funeral director Webb City Und Co

(b) Address Webb City Mo

19. (a) 1-6-48 (Date received local registrar) (b) Dolores Lampkins Dr. (Registrar's signature) 127

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6 year 1948 hour 7.10 minute a M.

21. I hereby certify that I attended the deceased from Dec 7, 1947, to Jan 6, 1948 that I last saw him alive on January 5, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to Cold	1 wk
and Congestive heart failure	1 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

107

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 Orval T. Needels (M. D. or other) M.D.

Address Webb City Mo Date signed Jan 6-48

(Licensed Embalmer's Statement on Reverse Side)

48-1-51

NOV 10 1948

NOV 17 1948

FEB 4 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 D Ross Blanford

Licensed Embalmer No. 4015

P. O. Address Nat'l City, 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.