S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1562

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carl Junction (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 401 N. Roney 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 65 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jasper 49
(c) City or town Carl Junction 3 (If outside city or town limits, write "RURAL")
(d) Street No. 401 N. Roney 0 (If rural, give location)
(e) Citizen of foreign country? No — (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME ANNA C. LORTZ
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F 2
5. Color or race N
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Peter Montoe Lortz
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 20 (Day) 1860 (Year)

8. AGE: Years 87 Months 3 Days 26 If less than one day hr. min.

9. Birthplace Freeburg (City, town, or county) Ill. (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Mathais Betz 4
13. Birthplace (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Mary Shontz
15. Birthplace (City, town, or county) Penn. (State or foreign country) 1
16. (a) Informant Mrs Mary Peterson Sister
(b) Address Carl Junction, Mo
17. (a) (Burial, cremation, or removal) (b) Date thereof 1 (Month) 9 (Day) 1948 (Year)
(c) Place: burial or cremation Carl Junction Mo
18. (a) Signature of funeral director Don Ceney
(b) Address Carl Junction Mo
19. (a) 1-10-48 (Date received local registrar) (b) Dolores Simpkins Dr. (Registrar's signature) 130

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 6 year 1948 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from Dec. 28, 1947, to Jan. 6, 1948 that I last saw her alive on Jan. 6, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary edema	12 hrs.
Due to Acute myocardial failure	3 wks.
Due to Hypertention	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature O. T. Blanke (M. D. or other) M.D.
Address Joplin, Mo. Date signed 1-8-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

48-1-49

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 F. M. Jones

Licensed Embalmer No. 2319

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.