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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAY 6 1948

Registration District No. 294

Primary Registration District No. 3052

Registrar's No. 115

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1523 East Ninth Street  
(If not in hospital or institution, write street number or location)

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

In this community 40 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia

(d) Street No. 1523 East Ninth Street  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JUSTINA KURTZ

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color of race White

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

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

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased March 25, 1866  
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Florence, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \*\*\*\*

12. Name Henry Bultemeier

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

14. Maiden name Betty Otton

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

16. (a) Informant Mrs. Alma Weir (dau.)

(b) Address 1101 S. Lamine, Sedalia, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/48  
(Month) (Day) (Year)

(c) Place: burial or cremation Smithton, Missouri

18. (a) Signature of funeral director Mrs. Ewing

(b) Address Sedalia, Missouri

19. (a) 4-18-48 (Date received local registrar) (b) Betty Yeagers (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16, year 1948 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from 115 July 1947, to 15 April 1948, that I last saw her alive on 15 April 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage.

Due to Arteriosclerosis

Due to Hypertension, arterial

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 0

23. Signature J. P. Seegal M.D. (M. D. or other) Address Smithton, Mo Date 17 April 48

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-5-48

Dr. Seigel

Smithton

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 70

Hansen K. Dietz, Registered Apprentice No. 70  
working under my personal supervision.

Signed Hansen Ewing

Licensed Embalmer No. 3847

P. O. Address. Shalica, 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.