

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

21886

National Office of Vital Statistics

State File No.

FILED JUN 24 1948

Registration District No. 337

Primary Registration District No. 4499

Registrar's No. 530

1. PLACE OF DEATH:
 (a) County Shelby county
 (b) City or town Shelbina, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 (Specify whether) Entire life
 In this community Entire life
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Shelby 102
 (c) City or town Shelbina 2
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Charles G. Fritz
 3. (b) If veteran, name war X
 3. (c) Social Security No. X

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 6th
 year 1948 hour 6 minute 40 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased August 2nd 1865
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr. 16 1948 to June 6 1948
 that I last saw him alive on June 6 1948
 and that death occurred on the date and hour stated above.
 Immediate cause of death myocarditis
 Duration 1 WK.

8. AGE: Years Months Days If less than one day
82 10 4 hr. min.

Due to.....
 Due to.....

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

10. Usual occupation Farming

Other conditions.....
 (Include pregnancy within 3 months of death)

11. Industry or business F

12. Name Charles Fritz

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

14. Maiden name Not Known

15. Birthplace Not Known
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. H. M. Nelson
 (b) Address Shelbina, Mo.

17. (a) Burial (b) Date thereof 6-8-1948
 (Burial, cremation or other) (Month) (Day) (Year)
 (c) Place: burial or cremation Memphis, Mo.

18. (a) Signature of funeral director Million & Barkeley
 (b) Address Shelbina, Mo.

19. (a) June 11-48 (b) Ruth Doyne
 (Date received local registrar) (Registrar's signature) 1327

Major findings:
 Of operations 936
 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?.....
 (Specify type of place)
 While at work?..... (e) Means of injury.....
 23. Signature R. L. Caldwell or other).....
 Address Shelbina, Mo. Date signed June 7/48

PHYSICIAN
 Underline the cause of which death should be charged statistically.

MOTHER FATHER

RECEIVED

District Health Officer No.

District File Number 6-48-10

Date Filed JUN 22 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 _____

Licensed Embalmer No. 3495

P. O. Address Albina 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.