

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

22217

FEDERAL SECURITY AGENCY

Federal Office of Vital Statistics

FILED AUG 2 1948

Registration District No. 42

State File No.

Primary Registration District No. 1000

Registrar's No. 782

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2910 Renick St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 58 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan **11**
 (c) City or town St. Joseph **1**
(If outside city or town limits, write "RURAL")
 (d) Street No. 2910 Renick St. **7**
(If rural, give location)
 (e) Citizen of foreign country? no **0**
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Mary S. Gitz
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife George H. Gitz 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased August 9, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>84</u>	<u>11</u>	<u>11</u>hr.min.

9. Birthplace unknown Germany **4**
(City, town, or county) (State or foreign country)
 10. Usual occupation at home

MOTHER FATHER

11. Industry or business.....
 12. Name unknown
 13. Birthplace unknown unknown **9**
(City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown unknown **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Milton A. Blunt
 (b) Address 2910 Renick St., City
 17. (a) burial (b) Date thereof 7/22/48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director: Walter Bayman
 (b) Address St. Joseph, Mo.
 19. (a) 7-24-48 (b) E. B. Jenkins
(Date received local registrar) (Registrar's signature) **382**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
 year 1948 hour 6:30 minute 0 P. M.

21. I hereby certify that I attended the deceased from 46 July 20 1948
 that I last saw him alive on July 18 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Misaccident
 Due to Motor Disease
 Duration 2 yrs

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

Major findings:
 Of operations..... **B**
 Of autopsy..... **92**
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)
 While at work?..... (e) Means of injury..... **B**
 23. Signature Ph S Redy (M. D. or other).....
 Address..... Date signed 7/24/48

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..... *Regina Wood*.....
..... Licensed Embalmer No. *3804*.....
P. O. Address *319 So 10th St. Jo*.....

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.