No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 18 1948

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 32727

Registration District No. 139 Primary Registration District No. ~~3336~~ 4225 Registrar's No. 89

**1. PLACE OF DEATH:**
(a) County Holt
(b) City or town Oregon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 3 Months
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County Holt 44
(c) City or town Oregon, Rural 3
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Belle Kurtz
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife William Kurtz
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November (Month) 24 (Day) 1870 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 77 | 10 | 11 | hr. min. |

9. Birthplace Holt County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Mathew Gelvin
13. Birthplace Shippensberg (City, town, or county) Penna. (State or foreign country)
MOTHER
14. Maiden name Mary Elizabeth Tritt
15. Birthplace (City, town, or county) Penna (State or foreign country)
16. (a) Informant Mrs. Lewis Kurtz
(b) Address Oregon, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 8 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oregon, Missouri
18. (a) Signature of funeral director James H Pettijohn
(b) Address Oregon Mo
19. (a) 10-4-48 (Date received local registrar) (b) J Chang (Registrar's signature) 177

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 5
year 1948 hour 1 minute P. M.
21. I hereby certify that I attended the deceased from JANUARY, 1948, to OCT. 5, 1948;
that I last saw her alive on OCT 4, 1948;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death CANCER OF COLON | 6 MO. |
| Due to PARALYSIS AGITANS. | 8 YRS. |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

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 2
23. Signature H. E. Collins, D.O. (M. D. or other)
Address Oregon, Mo. Date signed OCT 7 48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 James K. Pettijohn

Licensed Embalmer No. 3192

P. O. Address Oregon 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.**