

FILED NOV 29 1949 STANDARD CERTIFICATE OF DEATH

38055
State File No. 20

BIRTH NO. _____		REG. DIST. NO. <u>4342</u>		PRIMARY REG. DIST. NO. <u>228</u>		Registrar's No. <u>20</u>			
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Montgomery</u>					
b. CITY OR TOWN <u>Jonesburg</u>		c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		c. CITY OR TOWN <u>Jonesburg</u>		d. STREET ADDRESS (If rural, give location) <u>705</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: _____				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) <u>Rosetta Florence Kitz</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 7 1949</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 5 - 1865</u>			
9. AGE (in years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		11. BIRTHPLACE (State or foreign country) <u>Mo. Inds. 1222</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Ephraim Field</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Law</u>		14. NAME OF HUSBAND OR WIFE <u>Oscar Kitz</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>J. M. Butler</u> ADDRESS <u>Jonesburg Mo</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>6 Days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>				DUE TO (b) <u>Accident, fractured clavicle</u>				DUE TO (c) <u>Proteus, Metastasis, Nephritis</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				#168166	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
21a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Highway 54</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carr Fork County Mo</u>		21f. HOW DID INJURY OCCUR? <u>Auto mobile Accident</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 30 1949 11:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Oct. 30, 1949</u> , to <u>Nov 7, 1949</u> , that I last saw the deceased alive on <u>Nov 7, 1949</u> and that death occurred at <u>3:30 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Dr. E. S. Kunkle</u> (Degree or title) _____				23b. ADDRESS <u>Jonesburg Mo</u>		23c. DATE SIGNED <u>Nov 7, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov 7, 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenmount</u>		24d. LOCATION (City, town, or county) (State) <u>Quincy Ill</u>			
DATE REC'D BY LOCAL REG. <u>11-12-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. May Miller</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. Harding</u>		ADDRESS <u>Jonesburg Mo</u>			

District File Number _____

District Health Officer No. 9,

11-21-49

8761 B 7 ROOM

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Carl A. Harding

Licensed Embalmer No. 4115

P. O. Address Crescent, La.

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.