

FILED MAR 8 1944

Registration District No. 3023

Primary Registration District No. 3023

State File No. _____

Registrar's No. 45

1. PLACE OF DEATH:
 (a) County Henry
 (b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution 519 E Ohio St. 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 75 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 42
 (a) State Missouri (b) County Henry 1
 (c) City or town Clinton 2
(If outside city or town limits, write "RURAL")
 (d) Street No. 312 N. Third St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Katheryn Ann LUTZ
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 28 day Feb
 year 1944 hour _____ minute 11 a.m.
 21. I hereby certify that I attended the deceased from Feb 1
1 1944 to Feb 28 1944
 that I last saw her alive on Feb 27 1944
 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced. single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: December 6 1857
(Month) (Day) (Year)

Immediate cause of death Bronchial pneumonia 7 da
 Due to progressive paralysis 1 yr

8. AGE: Years 92 Months 2 Days 22
 If less than one day _____ hr. _____ min.

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace Williamsport Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____
 12. Name Isaac Lutz
 13. Birthplace Dont know 9
(City, town, or county) (State or foreign country)
 14. Maiden name Matilda Halvert
 15. Birthplace Dont know 9
(City, town, or county) (State or foreign country)

PHYSICIAN 101
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Maud McQueen
 (b) Address 519 E Ohio St. Clinton Mo

17. (a) Burial (b) Date thereof 2-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Englewood Egin

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

18. (a) Signature of funeral director Consuelo Beck
 (b) Address Clinton Mo
 19. (a) February 29 1944 Georgia Kitcher
(Date received local registrar) (Registrar's signature)

23. Signature H. Switzer (M. D. or other) M.D.
 Address Clinton Mo Date signed 2-29-44

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

19
1
2

RECEIVED

District Health Officer No. 71

Number 2-44-194
3-4-44

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 J. E. Condon

Licensed Embalmer No. 1891

P. O. Address Clinton, 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.