

FILED APR 12 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH10271
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township 3 Primary Registration District No. 1001 Registered No. 352
 (c) City or St. Joseph, Mo. (d) Street No. State Hospital No. 2 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 20 yrs. 11 mos. 18 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME AMANDES L. KRETZER

(a) Residence, No. State Hospital, St. Joseph, Oregon, Missouri
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 7, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 3 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) November 11, 1919 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Holt County, Missouri
(STATE OR COUNTRY)13. NAME John B. Kretzer14. BIRTHPLACE (CITY OR TOWN) Holt County, Mo.
(STATE OR COUNTRY)15. MAIDEN NAME Rebecca T. Craig16. BIRTHPLACE (CITY OR TOWN) Moultry County, Mo.
(STATE OR COUNTRY)17. INFORMANT Records State Hospital
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Cemetery DATE Mar. 21, 194019. FUNERAL DIRECTOR (NAME) Petipola Funeral Home
(ADDRESS) Oregon 999920. FILED Mar 19 1940 A. J. Nuttall
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 194022. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1938 to March 29, 1940I last saw him alive on March 28, 1940 Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:Coronary Occlusion with Myo-cardial Infarction Date of onset Sudden deathOther contributory causes of importance:
Arteriosclerotic Heart Disease For many mos.Name of operation _____ Date of _____
What test confirmed diagnosis Clin. & Autopsy there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) P. S. Tate, M. D.(Address) State Hosp. #2, St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 *Ralph C. Moore*
Licensed Embalmer No. *1743*
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, above space should be left blank.