

No. 2
-8-13
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26527

FILED SEP 3 1946

Registration District No. 55

Primary Registration District No. 301

Registrar's No. 112

1. PLACE OF DEATH:
(a) County CARROLL
(b) City or town CARROLLTON MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 WEEKS years, months or days

3. (a) PRINT FULL NAME NATTY MORITZ
3. (b) If veteran, name war 3. (c) Social Security No.

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 (Day) (Year)
7. Birth date of deceased July 13 1878 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 1 1 hr. min.

9. Birthplace SABINE OHIO (City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business _____

MOTHER FATHER
12. Name SAMUEL MORITZ
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name MARGARET CADDWELL
15. Birthplace CHILlicothe OHIO (City, town, or county) (State or foreign country)

16. (a) Informant SAMUEL MORITZ
(b) Address WARREN MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug 16 1946 (Month) (Day) (Year)

(c) Place: burial or cremation BLACKBURN CEMETERY
18. (a) Signature of funeral director E. S. JAMES
(b) Address CONCORDIA MO

19. (a) 8/15/46 (Date received local registrar) (b) Mrs Herbert Calver (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County LAFAYETTE 54
(c) City or town RURAL (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14 year 1946 hour 3 minute A M.

21. I hereby certify that I attended the deceased from July 19 1946 to Aug 14 1946 that I last saw her alive on Aug 14 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Due to Endocarditis
Due to Bacterial dysentery
Other conditions (Include pregnancy within 3 months of death) 92E

Major findings:
Of operations _____
Of autopsy _____

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 2
23. Signature [Signature] (M.D. or other) DO
Address Carrollton, Mo Date signed 8/16/46

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

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-31-46

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 me

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.