S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1947

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

20338

State File No.

Registration District No. 64 Primary Registration District No. 5246 Registrar's No. 39

**1. PLACE OF DEATH:**

(a) County Chariton

(b) City or town Rural Musselfork Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7½ miles N of Keytesville 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 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Chariton 21

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. Musselfork Twp 7½ Miles N of Keytesville (If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME GLENN FRANCIS-MORITZ

3. (b) If veteran, name war World War II

3. (c) Social Security No. 495-01-7278

4. Sex Mary O

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 Aug (Month) 8th (Day) 1905 (Year)

8. AGE: Years 41 Months 10 Days 20 If less than one day hr. min.

9. Birthplace Triplett (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Edward Moritz
13. Birthplace Triplett (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Maud Bruner
15. Birthplace Triplett (City, town, or county) Mo (State or foreign country)

16. (a) Informant Edward Moritz

(b) Address Keytesville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Bethany

18. (a) Signature of funeral director Hyde & Garnett

(b) Address Keytesville Mo

19. (a) 7/2-47 (Date received local registrar) (b) [illegible] (Registrar's signature) 55

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 28th year 1947 hour 7 minute P M.

21. I hereby certify that I attended the deceased from June 28, 1947, to June 28, 1947; that I last saw him alive on June 28, 47, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration instantly

Due to

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

23. Signature Ralph Earhart (M. D. or other) DEL

Address Keytesville Mo Date signed 6-29-47

(Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 7-10-47

SEP 23 1947

OCT 3 1948

JUL 11 1949

**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, ~~of her~~ _____, Registered Apprentice No. _____, working under my personal supervision.

Signed H. D. Garrett

Licensed Embalmer No. 3046

P. O. Address Keytesville 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.**