

Registration District No. 80

Primary Registration District No. 3307

Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Russellville Rural (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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JOHN A. PEETZ

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3, year 1948 hour 5 minute 40 A.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Betty 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 15 1867 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 21 1948 to June 3 1948 that I last saw him alive on June 2 1948 and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 10 Days 18 If less than one day hr. min.

Immediate cause of death Cerebral apoplexy Duration 13 days

Due to _____

Due to _____

9. Birthplace Stringtown MO. (City, town or county) (State or foreign country)

10. Usual occupation Farmer

Other conditions (include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Cinderella Party 4

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name Margaret Rogler

15. Birthplace _____ (City, town or county) (State or foreign country)

16. (a) Informant Mrs Betty Gutz

(b) Address Russellville MO.

17. (a) Rural (b) Date thereof 6-5-48 (Month) (Day) (Year)

(c) Place: burial or cremation Stringtown Cem.

18. (a) Signature of funeral director Walter Gutz

(b) Address Russellville MO.

19. (a) June 5-48 (b) Mrs. Minnie Gutz (c) Walter Gutz (d) 6-4-48

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 _____

23. Signature Walter Gutz (M. D. or other) _____

Address Russellville MO Date signed 6-4-48

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 15 1948

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 *G. N. Steffen*
Licensed Embalmer No. *2307*
P. O. Address *Russellville 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.