

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 9 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37605

State File No.

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 5-5-

1. PLACE OF DEATH:

(a) County Moniteau
(b) City or town California
(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 all her life
years, months or days)

3. (a) PRINT FULL NAME Lizetta E Todd

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Tellus 6. (c) Age of husband or wife if alive 10 years (Month) (Day) (Year)

7. Birth date of deceased Jan 10 1854
(Month) (Day) (Year)

8. AGE: Years 88 Months 10 Days If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name John F Durvick

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

14. Maiden name Julia Holzapfel

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

16. (a) Informant Fred Todd

(b) Address California MO

17. (a) Burial (b) Date thereof 11/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Burial Home

18. (a) Signature of funeral director William F. Friedman

(b) Address California MO

19. (a) 11-13-42 (b) A. J. Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town California
(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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10, year 1942 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 4, 1942, to November 10, 1942, that I last saw him alive on Nov. 10, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Coronary

Due to 61

Due to

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

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?

(Specify type of place)

While at work? (e) Means of injury

23. Signature J. P. Durvick (M. D. or other) MO

Address California MO Date signed 11/12/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

HE Friedmayer

Licensed Embalmer No.

2854

P. O. Address

California 770

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.