REC'D MAY 17 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14118
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 85
(b) Township Primary Registration District No. 1001 Registered No. 480
(c) City St. Joseph, (d) Street No. Mercy Hospital 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 yrs. mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Phillip John Cutter, 360
(a) Residence, No. 2322 Jule St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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) April 29, 1938,
7. AGE: YEARS | MONTHS | DAYS 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child,
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Joseph, Missouri, 0

FATHER
13. NAME George E. Cutter, 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Des Moines, Iowa, 1

MOTHER
15. MAIDEN NAME Elsie Splettstoeser,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Des Moines, Iowa,

17. INFORMANT George E. Cutter
(ADDRESS) 2822 Jule Str.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem. DATE April 30, 1938

19. FUNERAL DIRECTOR Heaton-BeGale & Bowman
(ADDRESS) 319 South 10th. Str. Tenn.

20. FILED April 30, 1938 H. J. Nettleton L. Hoe
By Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-29-, 1938, to 4-30-, 1938
I last saw him alive on 4-30-, 1938. Death is said to have occurred on the date stated above, at 2:00 a.m.
The principal cause of death and related causes of importance were as follows:

Premature Birth.
5 months

Date of onset

Other contributory causes of importance: 159

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? —

23. 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?
If so, specify
(Signed) Dr. [illegible], M. D.
(Address) Mercy Hospital

(Licensed Embalmer's Statement on Reverse Side)

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, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by.....Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)