

DEC'D JAN 14 1938

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

42457
Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan, ² Registration District No. 85
 (b) Township..... Primary Registration District No. 1001
 (c) City St. Joseph, (d) Street No. 722 Green 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 9 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Effie Susan Utt,
 (a) Residence, No. 722 Green, 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daniel V. Utt,
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29, 1869
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 0 2

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,
 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) Robinson, Kansas,

FATHER
 13. NAME James N. Mills,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zanesville Ohio

MOTHER
 15. MAIDEN NAME Susan Davidson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Savannah Missouri

17. INFORMANT (ADDRESS) Dania Utt 722 Green Street,

18. BURIAL, CREMATION, OR REMOVAL PLACE White Cloud, Ks. DATE Jan'y 2nd, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Heaton B. Gal & Bowen 319 So. 10th. Str. Linn Co. Mo.

20. FILED Dec 31, 1938 H. J. Nuttleford Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31st, 1938

22. I HEREBY CERTIFY, That I attended decedent from Dec - 25 - 1938, to Dec - 31 - 1938
 I last saw her alive on Dec - 30, 1938. Death is said to have occurred on the date stated above, at 5:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion.

Date of onset

Other contributory causes of importance:

Dehydration
Arteriosclerosis
Coronary Arteriosclerosis

Name of operation none Date of none
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury none, 1938
 Where did injury occur? none (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no

(Signed) T. R. Howden, M. D.
 (Address) 419 Hickman Bldg

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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, Dec, 31, 1933

....., or by
Registered Apprentice No. , working under my personal supervision.

Signed W. E. Summerfield
Licensed Embalmer No. 319 So. 10th St. Memphis

P. O. Address

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.