

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.

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

6805
Do not use this space.

1939 MAR 17 1939

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 408
 (b) Township Carthage, Mo. Primary Registration District No. 3020 Registered No. 36
 (c) City Carthage, Mo. (d) Street No. _____ 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Walter Henry McNutt
 (a) Residence, No. 117 S. Parsons 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) Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1905
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
33 10 18
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ex-officer of law
 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) Springfield
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Henry F. McNutt
 14. BIRTHPLACE (CITY OR TOWN) Springfield
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Florence Brown
 16. BIRTHPLACE (CITY OR TOWN) Springfield
 (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Florence McNutt
 (ADDRESS) 117 Parsons, Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fidelity Cemetery DATE 2-23-39 19

19. FUNERAL DIRECTOR Ulmer Funeral Home
 (ADDRESS) Carthage, Missouri

20. FILED Feb. 23, 1939 E. J. McEntire, M.D.
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21-39 19
 22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1939 to Feb 21, 1939
 last saw him alive on Feb 2, 1939 Death is said to have occurred on the date stated above, at 9:15 p.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset _____
Pericarditis
Pulmonary tuberculosis
 Name of operation _____ Date of _____
 What test confirmed diagnosis: X-ray Was there an autopsy? no

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) Albert B. Wheeler
 (Address) Carthage, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-266

Date Filed MAR 10 1939

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. 2222

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.)