

REC'D JUN 15 1939

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

17942

Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 31
(b) Township 7th Donald Primary Registration District No. 5045 R Registered No. 18
(c) City (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

(a) Residence, No. 36 Robert Calvin Utter 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matilda Utter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 8 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Indiana13. NAME James Franklin Utter14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana15. MAIDEN NAME Marj E. Heat16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana17. INFORMANT Large Ray (ADDRESS) Butterfield18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Pleasant DATE May 15, 193919. FUNERAL DIRECTOR (NAME) Blankenship (ADDRESS) Monett - Judy 3rd20. FILED May 18, 1939 Donald Blankenship Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 31, 1935 to May 14, 1939
I last saw him alive on May 7, 1939 Death is said to have occurred on the date stated above, at 9:40 Am.
The principal cause of death and related causes of importance were as follows:

Chronic Myo CarditisDate of onset
7-31-39

Other contributory causes of importance:

Arteriosclerosis
Chronic Bronchitis

Name of operation Date of

What test confirmed diagnosis? Phyp 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

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) J. D. Paulsen M.D.(Address) Judy 3rd

RECEIVED

District Health Officer No. 6,

District File Number 6-6-39-1170

Date Filed JUN 5 1939

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,

L. H. Blankenship

or by

Registered Apprentice No. _____ working under my personal supervision.

Signed

L. H. Blankenship

Licensed Embalmer No.

2397

P. O. Address

Monett, 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, above space should be left blank.