REC'D JUL 20 1939

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

22475
Do not use this space.

1. PLACE OF DEATH
(a) County Knox 1 Registration District No. 444
(b) Township Primary Registration District No. 4262 Registered No. 29
(c) City Knox 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 Lee Northcutt
(a) Residence, No. Knox City Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. R. Northcutt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 24 - 1854
7. AGE YEARS 84 MONTHS 5 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home Keeper
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) Clinton Co Mo. 0

FATHER
13. NAME Jonsheva Hamse 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va 1

MOTHER
15. MAIDEN NAME Mary Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT (ADDRESS) J. R. Northcutt
18. BURIAL ~~CREMATION OR REMOVAL~~ PLACE Knox City DATE June 18, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. J. Sugar Knox City Mo
20. FILED June 22, 1939 Mrs. C. M. Smith Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1939
22. I HEREBY CERTIFY, That I attended deceased from March 1, 1939, to June 16, 1939
I last saw her alive on June 16, 1939. Death is said to have occurred on the date stated above, at 10 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	
4 6	

Other contributory causes of importance:

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) Rial McReynolds, M. D.
(Address) Knox City Mo

Licensed Embalmer's Statement on Reverse Side)

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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RECEIVED
District Health Officer No. 10
District File Number 17-38-1319
Date Filed JUL 19 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, Fred Webster, or by .....,

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

Signed Fred Webster

Licensed Embalmer No. 6 84

P. O. Address Kansas City 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.