

LEAD JUL 18 1939

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

22738  
Do not use this space.

1. PLACE OF DEATH

(a) County Monroe Registration District No. 579  
(b) Township Marion Primary Registration District No. 577 E B  
(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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
Unnamed (UTTERBACK)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/24/1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
✓ ✓ ✓ 5 30

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
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) Marion Co. Mo.

FATHER 13. NAME Harry Utterback

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.

MOTHER 15. MAIDEN NAME Anna Mae Carr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo.

17. INFORMANT (ADDRESS) Harry Utterback  
Madison Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Embalmed DATE 6/25 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wesley Thompson  
Madison Mo.

20. FILED 6/24 1939 Mrs. Justa Thompson  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1939, to June 24, 1939  
I last saw him alive on June 24, 1939. Death is said to have occurred on the date stated above, at 6:00 m.  
The principal cause of death and related causes of importance were as follows:

Respiratory paralysis Date of onset 6-24-39

Other contributory causes of importance: 15 lb. 7 mo. Baby

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? no  
If so, specify \_\_\_\_\_  
(Signed) W. R. Turner D.O. M.D.  
(Address) Madison Mo.

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.

RECEIVED

District Health Officer No. 10

District File Number 7-29-1245-

Date Filed JUL 13 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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.**