DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32069

OCT 12 1939

Registration District No. 12d Primary Registration District No. 2009 Registrar's No. 314

1. PLACE OF DEATH:

(a) County: Cape Giradeau 2

(b) City or town: Cape Giradeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED: 1

(a) State ____ (b) County ____

(c) City or town ____ (If outside city or town limits, write "RURAL")

(d) Street No. ____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Martha Jean Lutes 330

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced ____

6. (b) Name of husband or wife ____

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: Sept. (Month) 10th (Day) 1939 (Year)

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace: Cape Giradeau (City, town, or county) Missouri (State or foreign country)

10. Usual occupation ____

11. Industry or business 0

FATHER
12. Name: Charles Lutes 0
13. Birthplace: Lutesville (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name: Iva Cole
15. Birthplace: Lutesville (City, town, or county) Mi souri (State or foreign country)

16. (a) Informant's own signature: Charles Lutes
(b) Address: Lutesville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 11, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation: Baker Cem, Lutesville

18. (a) Signature of funeral director: Baker Funeral Home
(b) Address: Lutesville, Mo. Ruth E. Graham

19. (a) 9-10-39 (Date received local registrar) (b) J. M. Thompson (Registrar's signature) 121

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10th year 1939 hour 2:00 minute 30 A. M.

21. I hereby certify that I attended the deceased from ____ 19__, to ____, 19__; that I last saw h__ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Stillborn	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature: Ward J. Herbert (M. D. or other)
Address: Cape Giradeau, Mo. Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

F X19511

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 Thomas E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.