

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40587**

Registration District No. **92**

Primary Registration District No. **957**

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County **Ralls**
(b) City or town **R.F.D. New London, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **16 yrs.**
years, months or days

3. (a) PRINT FULL NAME **Mary Ellen Utterback. 361**

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 **Widowed**
6. (b) Name of husband or wife **Presley M. Utterback.** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 18, 1852.**
(Month) (Day) (Year)

8. AGE: Years **87** ~~XXXX~~ Months **5** Days **21** If less than one day
hr. _____ min. _____

9. Birthplace **Pike County, Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife.**

11. Industry or business **Home.**

12. Name **Frank Gourley.**

13. Birthplace **Mississippi.**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Farmer.**

15. Birthplace **Virginia.**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. Hattie Williams**

- (b) Address **New London, Mo.**

17. (a) **Burial** (b) Date thereof **11/12/39**
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation **Wolf Cemetery.**

18. (a) Signature of funeral director **Clyde C. Walby**

- (b) Address **Perry, Mo.**

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri.** (b) County **Ralls**
(c) City or town **Rural.**
(If outside city or town limits, write "RURAL")
(d) Street No. **Ralls County, Mo.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **9th**
year **1939** hour **4** minute **30** P. M.

21. I hereby certify that I attended the deceased from **Oct-1939** to **Nov 9, 1939**, 19 **39**,
that I last saw him alive on **Nov 9, 1939**, 19 **39**,
and that death occurred on the date and hour stated above.

- Immediate cause of death **Senility** Duration
and broken leg

- Due to **Senility, broken leg**

- Due to _____

- Other conditions _____
(Include pregnancy within 3 months of death)

- Major findings: **broken leg**

- Of operations _____

- Of autopsy _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____

- (b) Date of occurrence **Feb 8, 1939**

- (c) Where did injury occur? **at home**
(City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home

- (Specify type of place)

- While at work? _____ (Specify type of place)

- (e) Means of injury **Fall**

23. Signature **A. L. Shanks** (M. D. or other) _____

- Address **Hannibal Mo** Date signed **Nov 12**

RECEIVED

District Health Officer No. 10

District File Number 12-38-2225

Date Filed DEC 21 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

Clyde C. Wilkey

Registered Apprentice No.

working under my personal supervision.

Signed

Clyde C. Wilkey

Licensed Embalmer No. 2320

P. O. Address Perry, 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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

40587

Do not use this space.

1. PLACE OF DEATH

(a) County Ralls

Registration District No. 726

(b) Township Spencer

Primary Registration District No. 2937

Registered No.

(c) City

(d) Street No.

(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. 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

7

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Wid

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

87

5

21

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)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. FUNERAL DIRECTOR
(ADDRESS)

20. FILED Nov 11 1934 Blanche Mergon

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9 1939

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19...

I last saw him alive on 19... Death is said

to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

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) A. L. Shanker, M. D.

(Address) Harvard St

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

1. PLACE OF DEATH

Do not write in this space

- (a) County _____
(b) Township _____
(c) City _____
(d) Street Name _____
(e) Location of death in city or town where death occurred _____
(f) How long in U.S., if foreign _____
(g) If death occurred in hospital or institution, name _____

2. PRINT FULL NAME

- (a) Residence No. _____
(b) Usual place of abode, if different from (a), write county or city _____

PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF _____
(OR WIFE OF _____)

7. DATE OF BIRTH (MONTH, DAY, AND YEAR)

8. AGE
YEARS _____
MONTHS _____

9. Trade, profession, or occupation
10. Date of death (month, day, year)
11. Industry or business
12. How long in U.S. (month, day, year)

NOTATION

13. B.