

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

41117
 Do not use this space.

DEC 19 1939

1. PLACE OF DEATH

(a) County North Registration District No. 903
 (b) Township Glitchell Primary Registration District No. 4511
 (c) City Grant City (d) Street No. _____ Registered No. _____
 (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 MARY EMMA BRESSLER LUTES

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 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 James Lutes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 0 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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) Grant City Mo.

FATHER 13. NAME William Henry Bressler

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

MOTHER 15. MAIDEN NAME Sarah B. Hathaway

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

17. INFORMANT (ADDRESS) Hester Lutes Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant City, Mo. DATE 10/27/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arch C. Duffee Grant City, Mo.

20. FILED 12/9 1939 Ed Mullins Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-25-1939

22. I HEREBY CERTIFY, That I attended deceased from July, 1939, to Oct-25, 1939. I last saw her alive on Oct-25, 1939. 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:
Hepatic
circumstances
Oct 23
J.H.

Other contributory causes of importance:
Cerebral hemorrhage
1939

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? ✓
 If so, specify _____ (Signed) J. Ross, M. D.
 (Address) Grant City, 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.

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, *Arch C. Duffer*

Licensed Embalmer No. *3252*

P. O. Address *Grant 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.