

JAN 15 1940

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

44151
Do not use this space.

1. PLACE OF DEATH

(a) County Wheaton ² Registration District No. 609
(b) Township Neosho ¹ Primary Registration District No. 4343
(c) City Neosho (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.

Registered No. 155

2. PRINT FULL NAME Charles Augusta Nutto

(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 M 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 Florence Nutto

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 20, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 9 8

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. Farmer
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) Missouri 0

13. NAME Jack Nutto 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 7

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Florence Nutto
(ADDRESS) Anderson Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem. DATE Dec. 30, 1939

19. FUNERAL DIRECTOR (NAME) Poma and Son
(ADDRESS) Wheaton Missouri

20. FILED 1-6 19 40 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28, 1939 . 19

22. I HEREBY CERTIFY, That I attended deceased from 7-19-39, 19, to 12-28-39, 19

I last saw him alive on 12-28-39, 19. Death is said

to have occurred on the date stated above, at 12p m.
The principal cause of death and related causes of importance were as follows:

Coronary thrombosis on right side

Date of onset 12-25-39

Other contributory causes of importance:
Atherosclerosis
Chronic Inherited nephritis

Name of operation none Date of _____

What test confirmed diagnosis? Chemical 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) Melvin C. Bowman M. D.
(Address) Neosho, Missouri

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.

MAINTAINED RESERVED FOR DIVISION

50M-9-19-39

1 X16005

RECEIVED

District Health Officer No. 6,

District File Number 140-227

Date Filed JAN 12 1940

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.....

Wm. Marcus Jegan

..... Registered Apprentice No.

working under my personal supervision.

Signed Wm. Marcus Jegan

Licensed Embalmer No. 3442

P. O. Address Wheaton 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.