

FILED JAN 23 1950

DELETED 5267

Registration District No. 68

Primary Registration District No. 5267

Registrar's No. 51

1. PLACE OF DEATH: Christian

(a) County Christian

(b) City or town Rural N. Hallaway
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓
(Specify whether)

In this community ✓
years, months or days

3. (a) PRINT FULL NAME Frank Cutbirth

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Bertie Cutbirth

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Dec. 10 - 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 1 5 hr. min.

9. Birthplace Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

12. Name Ervin Cutbirth

18. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Martha Danley

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

16. (a) Informant Mrs. Frank Cutbirth

(b) Address Highlandville

17. (a) Burial (b) Date thereof Jan. 17-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highlandville Cem.

18. (a) Signature of funeral director J. W. Maples

(b) Address Clever, Mo.

19. (a) Jan 10 - 1950 (b) Lulla Leonard
(Date received local registrar) (Registrar's signature) 59

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Rural - N. Hallaway
(If outside city or town limits, write "RURAL")

(d) Street No. Highlandville, Mo
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15
year 1940 hour 9 - minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 12
Feb. 12, 1939, to 1, 1939;
that I last saw him alive on Feb. 12, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Pterusselerosis and Hypertension

Due to Did not see him at time of death

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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 _____

(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? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature J. F. Kady (M. D. or other) _____
Address Highlandville Mo Date signed Jan 18 - 1940

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 17 1950

District Health Office No. 6,

District File Number 150-74

Date Filed 1-19-50

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

J. W. Maples

Licensed Embalmer No.

2985

P. O. Address

Cleaver

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.