

FILED FEB 9 1940

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

2144
Do not use this space.

1. PLACE OF DEATH

(a) County..... Cole Registration District No. 213
(b) Township..... Jefferson City Primary Registration District No. 3014 Registered No. 5
(c) City..... Jefferson City (d) Street No. 116 E. Mc Carty 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rena Mc Carty Cutten

(a) Residence, No. 116 E. Mc Carty Street St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 7 22

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. House Wife
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Jefferson City, Mo. (STATE OR COUNTRY)

FATHER 13. NAME William G. Mc Carty

14. BIRTHPLACE (CITY OR TOWN) Jefferson City, Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Jean Royce

16. BIRTHPLACE (CITY OR TOWN) Madison County (STATE OR COUNTRY) Alabama

17. INFORMANT Grace Freeman (ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL- PLACE Riverview DATE 1/5/40

19. FUNERAL DIRECTOR (NAME) John F. Heinrichs (ADDRESS) Jefferson City, Mo.

20. FILED 1/9/40 1940 Dr. B. S. ... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/3/1940, 1940

22. HEREBY CERTIFY, that I attended deceased from Dec 29, 1939, to Jan 3, 1940

I last saw her alive on Jan 3, 1940. Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Alimentary tract, with terminal Bronchopneumonia Date of onset 4 days

Other contributory causes of importance:

Senility and disease of heart: Myocarditis

Name of operation none Date of
What test confirmed diagnosis? clinical 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) Jan. S. Hill M. D.
Jefferson City Mo (Address)

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.

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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 John J. Henrichs.....

..... Licensed Embalmer No. 3655.....

P. O. Address Jefferson 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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Cole Registration District No. 213
(b) Township Primary Registration District No. 3014 Registered No.
(c) City Jefferson (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Rena Mc Carthy Cutter
(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3, 1940

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 78 7 22

Cardinal? alimentary tract with terminal Broncho Pneumonia Date of onset 4 days

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

Other contributory causes of importance: hypertension & disease of heart myocarditis

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

No post-mortem was made. Probable lesion probably to thrombosis
What test confirmed diagnosis? Was there an autopsy?

13. NAME

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

15. MAIDEN NAME

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

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Yes Date of injury 1-3-40
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

Manner of injury
Nature of injury

19. FUNERAL DIRECTOR (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

20. FILED 19...

(Signed) Jas. A. Hill, M. D.
(Address) Jefferson city Mo

Local Registrar.

SUPPLEMENT

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

