

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.

FILED FEB 20 1940

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

2284  
Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin 2 Registration District No. 288  
(b) Township Independence 0 Primary Registration District No. 5406  
(c) City ..... (d) Street No. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. ....  
(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.

2. PRINT FULL NAME Bonnie Lue Wilcut 423  
(a) Residence, No. Lorral 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 F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 14 - 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 - 20

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. None  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

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

13. NAME Elmer Wilcut 1

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

15. MAIDEN NAME Myrtle Hutchabbe

16. BIRTHPLACE (CITY OR TOWN) Springfield, Mo (STATE OR COUNTRY)

17. INFORMANT Elmer Wilcut (ADDRESS) Kennett, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE 7-4-40 19

19. FUNERAL DIRECTOR (NAME) Funeral Home (ADDRESS) Kennett, Mo

20. FILED 2-8 1940 W. H. L. D. O. R. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1940 to Feb 3, 1940  
I last saw him alive on Feb 3, 1940 Death is said to have occurred on the date stated above, at 10:00 A.M.  
The principal cause of death and related causes of importance were as follows:

Influenza and Bacterial Pneumonia Date of onset 1/24

Other contributory causes of importance: 11/10

Name of operation none Date of .....  
What test confirmed diagnosis? none Was there an autopsy? yes

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) James B. Loggins, M. D.  
W. H. L. D. O. R. (Address) Kennett, Mo

RECEIVED

District Health Officer No. 2, <sup>60</sup>

District File Number 240-806

Date filed 2/13/40

**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 *H. Palmer*.....

Licensed Embalmer No. 2556-.....

P. O. Address Kennett, 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.**