

FILED NOV 25 1940

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

36689

Do not use this space.

1. PLACE OF DEATH  
(a) County Worth 20 Registration District No. 1037  
(b) Township Worth Primary Registration District No. 6214  
(c) City ..... (d) Street No. .... Registered No. ....  
(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 Katherine Elvira Clutter  
(a) Residence, No. Worth Co. Mo. St. Rural  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Horace A Clutter  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 5 1867  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
73 1 8  
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) Missouri 0  
13. NAME John Millwhite 0  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1  
15. MAIDEN NAME Liza Morris  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana  
17. INFORMANT (ADDRESS) Horace Clutter  
Parnell Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Oxford Cem. DATE Oct 17, 1940  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Grog & Boyd  
Shelbourn Mo.  
20. FILED Oct 17, 1940 Mrs O. H. Bond  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14 - 1940  
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1940, to Oct 14, 1940  
I last saw her alive on Oct 13, 1940 Death is said to have occurred on the date stated above, at 12:30 p.  
The principal cause of death and related causes of importance were as follows:  
Nephritis (chronic) Date of onset 181  
Other contributory causes of importance: mitral insufficiency  
Name of operation None Date of 14  
What test confirmed diagnosis? Physician's report 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) J. Ross M. D.  
(Address) Granville 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.....

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

..... P. O. Address.....

**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.**