No. 2
13-40
7-39
X23159

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

FILED MAY 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15199

Registration District No. 568 Primary Registration District No. 5761a Registrar's No. 55

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Glaize Twp
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Miller 66
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Brumley R#1 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JAMES WILLIAM LUTTRELL
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male 0
5. Color or race W
6. (a) Single, widowed, married, divorced S. 0
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar (Month) 2 (Day) 1937 (Year)

8. AGE: Years	Months	Days	If less than one day
3	11	26	hr. min.

9. Birthplace Brumley (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Edgar M Luttrell
13. Birthplace Brumley (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Alice V. Rawden
15. Birthplace Bourbon (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Edgar Luttrell
(b) Address Brumley Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27-41 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Union, Brumley, Mo
18. (a) Signature of funeral director O. L. Casey
(b) Address Iberia, Mo
19. (a) Mar 10, 1941 (Date received local registrar) C R Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1941 hour 11 minute a M.
21. I hereby certify that I attended the deceased from Feb 22 1941, 19 , to Feb 26, 1941; that I last saw him alive on Feb 25, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Phlegamonous Erisypelas
Due to Infection on ancle
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. L. Allee (M. D. or other) Mo D
Address Elsie, Mo Date signed Feb 26/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 41-55
Date Filed 5/13/41

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.

none

Signed C. L. Casey

Licensed Embalmer No. 7694

P. O. Address Iberia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.