No. 2
-1-4-41
5-17-39
X263907

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25811

AUG 11 1941

Registration District No. 1668 Primary Registration District No. 3032 Registrar's No. 229

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

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bathwell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community: 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Pettis
(c) City or town: Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No.: 610 West 6th
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: James Dean McNutty
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: —
6. (b) Name of husband or wife: —
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: July (Month) 15 (Day) 1941 (Year)
8. AGE: Years ..... Months ..... Days 1 ..... If less than one day 14 hr. ..... min.
9. Birthplace: Sedalia (City, town, or county) Mo (State or foreign country)
10. Usual occupation: —
11. Industry or business: —
12. FATHER Name: Lawrence J McNutty
13. FATHER Birthplace: Wymore (City, town, or county) Neb (State or foreign country)
14. MOTHER Maiden name: Lester Nunda
15. MOTHER Birthplace: Wymore (City, town, or county) Neb (State or foreign country)
16. (a) Informant: Lawrence J McNutty
(b) Address: 610 W 6th
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 7 17 41 (Month) (Day) (Year)
(c) Place: burial or cremation: Wymore Neb
18. (a) Signature of funeral director: Hudson Funeral
(b) Address: Sedalia, Mo.
19. (a) 7/17/41 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)
966

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1941 hour 8 minute 35 A.M.
21. I hereby certify that I attended the deceased from July 14, 19..., to July 17, 1941; that I last saw him alive on July 16, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	3 da
Due to: Breech presentation	
Due to: Birth injury	
Other conditions (Include pregnancy within 3 months of death): 159	
Major findings: Of operations:	
Of autopsy:	

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: A L Walter (M. D. or other) MD
Address: 120 W 5 Sedalia Mo Date signed July 17-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 8-6-41
Date Filed

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 E. Myers

Licensed Embalmer No. 3720

P. O. Address Sedalia, Mo

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

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