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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38665

FILED DEC 11 1941

State File No.

Registration District No. 461

Primary Registration District No. 3024

Registrar's No. 67

1. PLACE OF DEATH

(a) County Lafayette

(b) City or town Livingston, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: city
(If not in hospital or institution, give street number or location)

(d) Length of stay: In hospital or institution life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette

(c) City or town Livingston
(If outside city or town limits, write "RURAL")

(d) Street No. city (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BENJAMIN LORE UTT

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 12 1963
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 29 If less than one day hr. _____ min. _____

9. Birthplace Livingston, Mo. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Nancy Joseph Utt

13. Birthplace Phybon, Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name Martha Jane Shuster

15. Birthplace Livingston, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Lincoln Utt

(b) Address Livingston, Mo.

17. (a) Burial (b) Date thereof 11-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Livingston, Mo.

18. (a) Signature of funeral director W. W. Miller

(b) Address Livingston, Mo.

19. (a) Dec 8/41 (b) Nelia Bate
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11 year 1941 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 10th 1941 to Nov 11th 1941
that I last saw him alive on Nov 10th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Other conditions (Include pregnancy within 3 months of death) 830

Major findings: Of operations _____ Of autopsy none

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? _____

While at work? _____ (Specify type of place) (e) Means of injury D

23. Signature W. W. Miller (M. D. or other) D
Address Livingston, Mo. Date signed 12-8

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

Indudall.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed *12-10-41*

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.

Signed..... *Garrist I Temple*

Licensed Embalmer No..... *3276*

P. O. Address..... *Livingston*

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, fact should be so stated above.