

FILED MAR 17 1942

Registration District No. 776

Primary Registration District No. 9011

Registrar's No. _____

93000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Roscoe Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 63 years
years, months or days)

3. (a) PRINT FULL NAME Hilah LUTES

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Abel Lutes

6. (c) Age of husband or wife if alive 76 years 13 (Day) 1855 (Year)

7. Birth date of deceased: July (Month) 13 (Day) 1855 (Year)

8. AGE: Years 86 Months 7 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Orange Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own home

12. Name John Norris

13. Birthplace Orange Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Martha Jones

15. Birthplace Orange Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Price

(b) Address Roscoe, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 4 1942
(Month) (Day) (Year)

(c) Place: burial or cremation House Cemetery

18. (a) Signature of funeral director W. H. Rimm

(b) Address Humansville, Mo.

19. (a) Mar 9 1942 (Date received local registrar) (b) W. B. Goodrich (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair 73

(c) City or town Rural
(If outside city or town limits, write "RURAL") 0

(d) Street No. Roscoe Township
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd year 1942 hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from Feb 23, 1942, to March 2, 1942, that I last saw her alive on Feb 23, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 3 hrs
advanced arteriosclerosis
Enlarged heart

Due to arterial insufficiency regurgitation years

Due to _____

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

Major findings: Of operations none 94a

Of autopsy none

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? _____

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

23. Signature Roscoe C. Neuns (M. D. or other) M. D.
Address Humansville, Mo. Date signed 3-3-42

RECEIVED

District Health Officer No. 7,

District File Number 3-42-234

Date Filed 3-16-42

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.....

me
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3872

P. O. Address Revere City, Ma

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.