

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Southeast Missouri Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
(Specify whether
In this community 16 days
years, months or days)

3. (a) PRINT FULL NAME Jesse Benton Lutes

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased: Feb. 8 1857
(Month) (Day) (Year)

8. AGE: Years 85 Months _____ Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Jesse Lutes

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

14. Maiden name Mary Snell

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

16. (a) Informant J. B. Lutes

(b) Address Longmont Col.

17. (a) Burial (b) Date thereof Mar. 3, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutesville, Mo.
Baker Funeral Home

18. (a) Signature of funeral director _____

(b) Address Lutesville, Mo.

19. (a) 3-9-42 (b) F. W. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger

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

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

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 2nd
year 1942 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from Febr 13 1942 to Mar 2 1942
that I last saw him alive on Mar 1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pneumonia

Due to Bronchoecctasis

Hypertension

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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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 George H. Walker (M. D. or other) _____

Address Rolla, Missouri Date signed 3/11/42

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

16
4

009

0

0

1

Duration

5 days

unknown

unknown

RECEIVED

District Health Officer No. 4
District File Number 442-489
Date Filed 1-15-49

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 J. B. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, Mo.

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.