

FILED MAY 21 1942

Primary Registration District No. 3009

Registrar's No. 113

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

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: St. Francis Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
(Specify whether in this community years, months or days) 3 days

3. (a) PRINT FULL NAME Melvin 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. Sept. 29 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	6	II	hr. min.

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

10. Usual occupation Retired Postmaster

11. Industry or business _____

12. Name David Lutes

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

14. Maiden name Catherine Shell

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

16. (a) Informant Mrs. Chas. Lutes
(b) Address Lutesville, Mo.

17. (a) Burial (b) Date thereof Apr. 12, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baker Cem. Lutesville

18. (a) Signature of funeral director Baker Funeral Home
(b) Address Lutesville, Mo.

19. (a) 5-2-42 (b) G. H. 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 April day II
year 1942 hour I:00 minute 40 A. M.

21. I hereby certify that I attended the deceased from Sept 9
1942 to Sept 11 1942
that I last saw him alive on Sept 11
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration 5 days

Due to Hypertension (?) Uncertain

Due to _____

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

Major findings: 830
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? _____

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

23. Signature G. H. Phelps (M. D. or other) _____
Address Lutesville, Mo. Date signed Apr 12 1942

RECEIVED

Health Officer

Number

4
542-~~111~~ 61
5-19-42

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.