

Registration District No. **316**

Primary Registration District No. **4191**

1. PLACE OF DEATH: **Greene**

(a) County **Greene**

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

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

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

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**

(c) City or town **Ash Grove**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? **L** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Gladys E. Chilcutt**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **L**

4. Sex **Female** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Leonard Chilcutt** 6. (c) Age of husband or wife if alive **88** years

7. Birth date of deceased **12-21-1908**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>34</b>	<b>4</b>	<b>4</b>	hr. min.

9. Birthplace **Humbolt, Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name **George M. Grew**

13. Birthplace **Kansas**  
(City, town, or county) (State or foreign country)

14. Maiden name **Nettie Hesterson**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Gladys E. Chilcutt**

(b) Address **Ash Grove, Mo.**

17. (a) **Burial** (b) Date thereof **4-28-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ash Grove, Mo.**

18. (a) Signature of funeral director **James Leman**

(b) Address **Ash Grove, Mo.**

19. (a) **4-29-42** (b) **J. B. Birch**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **26** year **1942** hour **2** minute **15 P. M.**

21. I hereby certify that I attended the deceased from **November** 19**36** to **April** 17, 19**42** that I last saw her alive on **April** 17, 19**42** and that death occurred on the date and hour stated above.

Immediate cause of death **Toxaemia**

Due to **multiple abscesses**

Due to **152**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **abscess formation**

Of autopsy **abscess of Pelvic Lines**  
**P. Pleural cavity.**

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 **Charles H. McHaffie** (M. D. **—**) M. D.

Address **Ash Grove, Mo.** Date signed **4-29-42**

Duration **5 mos**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

9  
1  
0

RECEIVED

Greene County Health Office,

County File Number 42-5-49

Date Filed 3/8/12

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 Maudie O. Morris  
Licensed Embalmer No. 2055  
P. O. Address Ash Grove 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.