No. 2
4-13-40
5-17-39
I. X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1942

Registration District No. 6260

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17740

Primary Registration District No. 6260

Registrar's No. 18

22
0
0

1. PLACE OF DEATH:
(a) County: Christian
(b) City or town: Rural — West Benton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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: Christian
(c) City or town: Rural — West Benton
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Parcita Jane Luttrull
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: Widowed
6. (b) Name of husband or wife: Tal Luttrull
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: September (Month) 17 (Day) 1859 (Year)
8. AGE: Years 82 Months 8 Days 1 If less than one day ____ hr. ____ min.
9. Birthplace: Tenn. / (City, town, or county) (State or foreign country)
10. Usual occupation: House wife
11. Industry or business ____
MOTHER FATHER
12. Name: Issac Lay
13. Birthplace: Tenn. / (City, town, or county) (State or foreign country)
14. Maiden name: Elizabeth Puteet
15. Birthplace: Tenn. / (City, town, or county) (State or foreign country)
16. (a) Informant: Bett Gillan
(b) Address: Sparta, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 19 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: McHaffie Cemetary
18. (a) Signature of funeral director: Otto Rathbun
(b) Address: Sparta, Missouri
19. (a) 6/8/1942 (Date received local registrar) (b) Mrs S M Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1942 hour 12 minute 15 A. M.
21. I hereby certify that I attended the deceased from March 19, 1940, to May 13, 1942; that I last saw her alive on May 8, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic Pneumonia	5 days
Due to: Fracture of Neck of Femur	2 years
Due to: Infirmities of age	
Other conditions (Include pregnancy within 3 months of death): 86	
Major findings: Of operations: 1	
Of autopsy: 1	

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): Accident 22
(b) Date of occurrence: March 19 - 1940
(c) Where did injury occur? (Farm) (City or town) Rural (County) Christian (State) Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In the House on Farm 0 (Specify type of place)
While at work? yes (e) Means of injury: Fall 0
23. Signature: Warren W. Wilson (M. D. or other) Mo. lic. 4460
Address: Sparta, Mo. Date signed 6-8-42

1258 (Licensed Embalmer's Statement on Reverse Side)

FEB 21 1958

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Clark 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.