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V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 164

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

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 1/2 hour (Specify whether

In this community 14 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. Route 1 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Frank Berl Cutshall

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race Wht

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

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Feb (Month) 11 (Day) 1917 (Year)

8. AGE: Years 25 Months 4 Days 10 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Charles A Cutshall
13. Birthplace Weir (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Pearl Thomas
15. Birthplace Ophelia (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Mrs Cutshall

(b) Address R1 Blue Springs - Mo

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

(c) Place: burial or cremation Blue Springs

18. (a) Signature of funeral director Cato & Speaks

(b) Address Independence, Mo.

19. (a) 6-22-1942 (Date received local registrar) (b) James W Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 21 year 1942 hour 9:03 minute P. M.

21. I hereby certify that I attended the deceased from Coroner, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Skull Fracture

Due to fall from truck

Due to 170 C

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy see above

Duration

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

(b) Date of occurrence 6/21/42 048

(c) Where did injury occur? Highway #7 Jackson Co (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway (Specify type of place)

While at work? No (e) Means of injury fell from truck

23. Signature [signature] (M. D. or other)

Address K.C. Mo. Date signed 6/22/42

(Licensed Embalmer's Statement on Reverse Side)

JUL 22 1942

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 Roland L. Peaks

Licensed Embalmer No. 3604

P. O. Address Independence, 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.