

Registration District No. 319

Primary Registration District No. 4469

1. PLACE OF DEATH:

(a) County ST. GENEVIEVE
(b) City or town ST. GENEVIEVE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Genevieve
(c) City or town St. Genevieve
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH ANN NORTH CUTT

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 married
6. (b) Name of husband or wife ROBERT L. NORTH CUTT 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased NOV 8 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 10 Days 1 If less than one day hr. _____ min. _____

9. Birthplace PERRY Co MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

12. Name JOHN WARREN

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

14. Maiden name UNKNOWN

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

16. (a) Informant Alvin Sadler

(b) Address St. Genevieve Mo

17. (a) Burial (b) Date thereof Sept 12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Genevieve Mo

18. (a) Signature of funeral director Doc E. Rosh

(b) Address St. Genevieve Mo

19. (a) Sept 11/42 (b) T. W. Douglas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9
year 1942 hour 11 minute 30 P. M.

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

Immediate cause of death Acute Cardiac Dilatation Duration _____
Chronic dry pericarditis
Metal Poisoning
Infection of Liver
Gallstone
Cholecystitis

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

Major findings: Of operations 92 f
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 B. W. Wadsworth (M. D. or other) _____
Address St. Genevieve Mo Date signed 9-11-42

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

95
1

RECEIVED

District Health Officer No. 4
District File Number 1042-1247
Date Filed 10-13-42

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.....

Lee C. Basher

Licensed Embalmer No. 1985

P. O. Address.....

St. Genevieve 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.