

FILED NOV 13 1942  
Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 163

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

74  
1  
2

1. PLACE OF DEATH:

(a) County nodaw ay

(b) City or town marionville d.ty.  
(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 1 Day  
years, months or days)

3. (a) PRINT FULL NAME William Henry Cutter

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex m 5. Color or race w

6. (a) Single, widowed, married, divorced w 2

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased 3 - 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 7 18 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

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

MOTHER FATHER { 12. Name Henry Cutter

13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name un known

15. Birthplace un known 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hilma M. Walls

(b) Address marionville Ill

17. (a) B. (b) Date thereof 10-21-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bolchou

18. (a) Signature of funeral director L. C. Breit

(b) Address Savannah mo

19. (a) 10-22-42 (b) manly Cole  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 2

(c) City or town Near Reendale  
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 19  
year 1942 hour 6 minute 50 P. M.

21. I hereby certify that I attended the deceased from Sept 10<sup>th</sup> 1942, to Oct 19 1942,  
that I last saw him alive on 10-19 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cher unknown of Seymour agr

Due to \_\_\_\_\_

Due to \_\_\_\_\_ 46 e

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

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 J. C. Boyd M.D. (M. D. or other)  
Address Savannah mo Date signed 10/21/42

**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 E. C. Brett

Licensed Embalmer No. 2650

P. O. Address Savannah 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.**