

FILED JAN - 6 1943
Registration District No. 294

Primary Registration District No. 3056

State File No. _____

Registrar's No. 223

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
924 West End Ave 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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 924 West End Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Estella McNutt

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 Female 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased: Dec 6 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 0 8 hr. min.

9. Birthplace: Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER

12. Name Ephen Mote
13. Birthplace va
(City, town, or county) (State or foreign country)
14. Maiden name Anna Gilman
15. Birthplace va
(City, town, or county) (State or foreign country)

16. (a) Informant J. D. McNutt
(b) Address Moberly Mo

17. (a) Removal (b) Date thereof Dec 15 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hilltown Ia

18. (a) Signature of funeral director Hugh T. Johnson

(b) Address Centerville Iowa

19. (a) 12/13/42 (b) Arma Lave
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14
year 1942 hour 6:30 minute P M.

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

Immediate cause of death: Coronary case
Due to Natural undetermined
likely coronary thrombosis
Due to (sudden death)
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations g h a
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? _____

(Specify type of place)
While at work? _____ (e) Means of injury coroner

23. Signature H. G. Griffith (M. D. or other)
Address Moberly Mo Date signed 12-13-42

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

RECEIVED

District Health Officer No. 10

Enclosed File Number 1-43-4122

Date Recd. Jan-5-1943

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 Frank D. DeHutt

Licensed Embalmer No. 3021

P. O. Address Mobile, Ala

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.