

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
917 Corby Street /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Not (Specify whether  
In this community 60 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 917 Corby Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Henry Utz  
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Alice Utz 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased July 28 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 5 18 hr. min.

9. Birthplace Buchanan County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business  
12. Name John Henry Utz  
13. Birthplace Luray Virginia  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah E. Duncan  
15. Birthplace Unknown Alabama  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. H. Utz Jr. (Son)  
(b) Address 917 Corby St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 1-18-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sparta Cemetery

18. (a) Signature of funeral director Walter Meierhoffer  
(b) Address 13th. & Parson St., St. Joseph, Mo.

19. (a) 1-18-43 (b) Rose Hargoy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 16th.  
year 1943 hour 6:30 minute A. M.  
21. I hereby certify that I attended the deceased from 7-10, 1940, to 1-16, 1943  
that I last saw him alive on 1-16, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia  
Other conditions (Include pregnancy within 3 months of death)  
Due to Carcinoma at cardiac end of stomach 1 yr.  
Due to Chr. Myocarditis 1 yr.  
Major findings:  
Of operations \_\_\_\_\_  
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 Albert H. W. ... M.D. (M. D. or other)  
Address 7067 ... St. Joseph, Mo. Date signed 1-16-43

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

MOTHER FATHER

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**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.....

- - Licensed Embalmer No. 3300 Missouri

P. O. Address St. Joseph, Missouri.

**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.**