

Registration District No. 324

Primary Registration District No. 3072

State File No. _____

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Saline
 (b) City or town Marshall, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Fitzcarrons Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 36 Years (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
 (c) City or town Marshall
 (If outside city or town limits, write "RURAL")
 (d) Street No. 101 East Marion St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Lattie K. Utz

3. (b) If veteran, name war if 3. (c) Social Security No. if

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Robert L. Utz 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 19 1866
 (Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Madison / Virginia
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Retired

12. Name Unknown

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

14. Maiden name Unknown / Unknown

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

16. (a) Informant John Irvine

(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof Mar. 20, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Leolis Seamer
 (b) Address Marshall Mo

19. (a) Mar. 25, 43 (b) M. O. Weather
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
 year 1943 hour 11 minute P M.

21. I hereby certify that I attended the deceased from March 14 1943 to March 18 1943
 that I last saw her alive on March 18 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 4 days

Due to _____

Due to _____

Other conditions Ch. Myocarditis / Suppuration
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 108

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?

23. Signature [Signature] (M. D. certified) _____
 Address Marshall Date signed 3/20/43

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

RECEIVED

District Health Officer No. 8,

District File Number -----

Date Filed 4-7-43 -----

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.....

J. Leslie Sweeney
.....
Licensed Embalmer No. 3235.....

P. O. Address.....

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.