

FILED MAY 12 1948

Registration District No. 134

Primary Registration District No. 5-469-8492 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town England Rural (Pollex)  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
No  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) 50 years

In this community \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

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

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

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Amanda C Utterback

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

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

6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased 2-14-1873  
(Month) (Day) (Year)

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

70 1 19 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business Farm

12. Name George Neese

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

14. Maiden name Mary Happiness

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

16. (a) Informant James Utterback

(b) Address Engleville Mo.

17. (a) Burial (b) Date thereof 4-5-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blythe Dale Cem

18. (a) Signature of funeral director W. M. Haas

(b) Address Bethany Mo.

19. (a) 4-12-43 (b) S. O. Shaw  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3  
year 1948 hour 12:30 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from June  
1942 to April 3 1943  
that I last saw her alive on April 2 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic endocarditis Duration 6 months

Due to 92d

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

Other conditions Acute Nephritis 2 weeks  
(Include pregnancy within 3 months of death)

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

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

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 2

23. Signature L. M. Pappert (M.D. or Other) 2  
Address Bethany Mo Date signed 4/12/48

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

MOTHER FATHER

1123

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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..... *M. B. Haas* .....

Licensed Embalmer No. *3899*

P. O. Address..... *Bethany, 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.**