

REG MAY 11 1943
Registration District No. **220**

Primary Registration District No. **5792**

Registrar's No. _____

1. PLACE OF DEATH:
(a) County **MONITEAU**
(b) City or town **California Rural Haven**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Moniteau**
(c) City or town **California Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

In this community _____
years, months or days
3. (a) PRINT FULL NAME **HORACE A. DUTCHER**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **4**
year **1943** hour **5** minute **10 P.M.**
21. I hereby certify that I attended the deceased from **April 4**
19 **43** to **April 4** 19 **43**
that I last saw him alive on **April 4** 19 **43**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or Race **W.**
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife **June Dutcher** 6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased **Sept. 28 1884**
(Month) (Day) (Year)

Immediate cause of death **Angina pectoris** Duration **5 hrs.**
Due to **rheumatism** **several yrs.**

8. AGE: Years **58** Months **6** Days **6** If less than one day _____ hr. _____ min.
9. Birthplace **High Point MO**
(City, town, or county) (State or foreign country)
10. Usual occupation **FARMER**

Due to _____
Other conditions (include pregnancy within 3 months of death) **94 f**
Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name **Horace Dutcher**
13. Birthplace **High Point Mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret Proctor**
15. Birthplace **High Point Mo**
(City, town, or county) (State or foreign country)

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) (e) Means of injury **0**

16. (a) Informant's own signature **June Dutcher**
(b) Address **California**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9-9-43**
(Month) (Day) (Year)
(c) Place: burial or cremation **High Point Mo**
18. (a) Signature of funeral director **W. B. Shelton**
(b) Address **Purcellville MO**
19. (a) **9/9/43** (Date received local registrar) (b) **Margaret Martine** (Registrar's signature)

23. Signature **E. B. Shelton** (M. D. or other)
Address **Edon. Mo.** Date signed _____

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 1-1-33

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

G. Steffens

Licensed Embalmer No. *2507*

P. O. Address

Russellville, Pa.

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, above space should be left blank.