

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 24 1943

Registration District No. 5623

Primary Registration District No. 5623

Registrar's No. 104

1. PLACE OF DEATH:
(a) County Knox
(b) City or town Novelty (rural) Salt River
(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
In this community Life.....
years, months or days)

3. (a) PRINT FULL NAME Joseph Thomas Aucutt
3. (b) If veteran, name war.....
3. (c) Social Security No.....

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dorothy Ellis Rinehart
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased May - 13 - 1899
(Month) (Day) (Year)

8. AGE: Years 43 Months II Days 9
If less than one day
.....hr. min.

9. Birthplace Novelty (rural) Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

12. Name Wm. E. Aucutt
13. Birthplace Novelty Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ora May Smith
15. Birthplace Nicklton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ellis Aucutt
(b) Address Novelty Mo.

17. (a) burial (b) Date thereof April-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Eucebia Novelty (rural)

18. (a) Signature of funeral director Kent Hudson
(b) Address Edina, Missouri

19. (a) May 7-43 (b) Paul Northcutt
(Date received local registrar) (Registrar's signature)

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

20. DATE OF DEATH: Month April day 27
year 1943 hour 7 A.M. minute 9 M.

21. I hereby certify that I attended the deceased from.....
.....1924, to April 27, 1943
that I last saw him alive on April 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Arthritis
Duration 8 years

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)
598

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 D.O.A.
Signature C.C. Hudson (M.D. or other)
Address Edina Date signed 4-28-43

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

RECEIVED

District Health Officer No. 10

District File Number 5-42-905

Date Filed MAY 21 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 _____

Licensed Embalmer No. 2415

P. O. Address Edina, 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.