

JUL 20 1943

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 40

1. PLACE OF DEATH:

(a) County BARRY
(b) City or town MONETT MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 501 3rd St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country 1

3. (a) PRINT FULL NAME SAMUEL THOMAS BLUTTER

3. (b) If veteran, name war 1 3. (c) Social Security No. 1

4. Sex male 5. Color or Race white 6. (a) Single, widowed, married divorced widowed
6. (b) Name of husband or wife Mary Serena 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Dec 6th 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 7 If less than one day hr. min.

9. Birthplace ROCK ISLAND ILL
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED RAILROAD MAN

11. Industry or business NONE

MOTHER FATHER { 12. Name NOT KNOWN
13. Birthplace " " 9
(City, town, or county) (State or foreign country)
14. Maiden name NOT KNOWN
15. Birthplace " " 9
(City, town, or county) (State or foreign country)

16. (a) Informant MRS FRANK JONES

(b) Address 501 3rd St MONETT MO

17. (a) BURIAL (b) Date thereof 6 15 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation JOSE cemetery

18. (a) Signature of funeral director Bellaway's

(b) Address Monett Mo

19. (a) June 14 1943 (b) Audna Willoughby
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th
year 1943 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from 6-1-1942
....., 19....., to 6-13-1943

that I last saw him alive on 6-13-1943
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93e1

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) (c) Means of injury.....

23. Signature J. M. Jones (M. D. or other)

Address Monett Mo Date signed 6/14/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 743-879

Date Filed JUL 19 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 J. P. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monterey

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.