

FILED JUL 24 1946

Registration District No. 128

Primary Registration District No. 5466

Registrar's No. 559

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Rural, S. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route #7
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
All his life (Specify whether years, months or days)

3. (a) PRINT FULL NAME. JAMES M CHILCUTT

3. (b) If veteran, name war. None

3. (c) Social Security No. None

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mary Chilcutt

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased March 17 1889
(Month) (Day) (Year)

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

61 2 23 hr. min.

9. Birthplace. GREEN CO MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

12. Name ISHAM CHILCUTT

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

14. Maiden name CATHYNE NEUPT

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

16. (a) Informant Mrs MARY CHILCUTT

(b) Address SPRINGFIELD MO R7d7

17. (a) Burial (b) Date thereof July 11, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Johns Chapel

18. (a) Signature of funeral director MORFIS L EIMAN

(b) Address ASH GROVE MO

19. (a) 7-15-43 (b) Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Rural, S. Campbell Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. Route #7
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 10 year 1943 hour 230 minute A.M.

21. I hereby certify that I attended the deceased from 7-5 1943 to 7-10 1943 that I last saw IM alive on 7-9 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Artery sclerosis

Due to Artery sclerosis

Due to 94a

Other conditions 94a
(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) (Means of injury)

23. Signature Max J. [unclear] (M. D. or other).....

Address Springfield Mo Date signed 7-14-43

Duration

30 Min

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

AUG 11 1943

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, *Maude O. Morris*
Licensed Embalmer No. *2055*
P. O. Address: *Ash Grove 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.