

FILED OCT 5 - 1943

Registration District No. 111

Primary Registration District No. 5427

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

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Robertsville (Rural)  
(c) Name of hospital or institution: Calvary Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Four months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
(c) Robertsville (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 Virgil A. Lutes

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

4. Sex Male 5. Color of hair White 6. (a) Single, widowed, married Divorced Married  
6. (b) Name of husband or wife Lutes Marie 6. (c) Age of husband or wife if alive 38 years  
7. Birth date of deceased March 5 1907  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
36 6 25 hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Thomas Wm Lutes  
13. Birthplace Wayne Co Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Rhoda Kuttler  
15. Birthplace Pana Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant Daniel Lutes  
(b) Address 336 Poplar Robertsville  
17. (a) Burial (b) Date thereof 10-3-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Altus Ill

18. (a) Signature of funeral director Easy & Son  
(b) Address of Clair Mo  
19. (a) 9/30/43 (b) Blanch E. Platte  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 30  
year 1943 hour 8:33 minute A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Struck by a Frisco passenger train at 1/2 mile Post 4115

Due to Fractured skull, arms, legs

Other conditions (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) Accident 136  
(b) Date of occurrence Sept 30, 1943  
(c) Where did injury occur? Robertsville Franklin Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public Place

While at work? yes (Specify type of place) (e) Means of injury Struck by train

23. Signature Ernest L. Altman (M.D. or other) coroner  
Address Gerard, Missouri Date signed 9-30-43

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH  
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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 *Joe L. Shuler*  
Licensed Embalmer No. 3008  
P. O. Address Pacific, N.

\* 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.