U. S. No. 2
50M—5-42
Rev. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 27 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41797

Registration District No. 43 | Primary Registration District No. 3007 | Registrar's No. 359

12 7 3

1. PLACE OF DEATH:

(a) County: Butler
(b) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lucy Lee Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7 days (Specify whether)
In this community: — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Dunklin 35
(c) City or town: Campbell 0
(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: William Walker McCutchen

3. (b) If veteran, name war: —

3. (c) Social Security No. 461-14-6437

4. Sex: Male | 5. Color or race: White | 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Lannie McCutchen

6. (c) Age of husband or wife if alive: 56 years

7. Birth date of deceased: December (Month) 26 (Day) 1880 (Year)

8. AGE: Years 62 | Months 11 | Days 11 | If less than one day: hr. min.

9. Birthplace: Campbell (City, town, or county), Missouri (State or foreign country)

10. Usual occupation: Book Keeper

11. Industry or business: —

FATHER
12. Name: Louis McCutchen
13. Birthplace: Alabama (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mattie Owen
15. Birthplace: Campbell (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Lannie McCutchen
(b) Address: Campbell, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-9-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn

18. (a) Signature of funeral director: Landers and Son
(b) Address: Campbell, Missouri

19. (a) 12-13-43 (Date received local registrar) (b) Belle Kime (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 7 year 1943 hour minute 1:35 p.m.

21. I hereby certify that I attended the deceased from Nov. 20, 1943 to Dec. 7, 1943 that I last saw him alive on Dec. 7, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	3 days
Due to: Peritonitis	5 days
Due to: Perforating duodenal ulcer	2 yrs.
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: N/A
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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: [illegible] (M. D. or other)
Address: Poplar Bluff Mo Date signed 1/10/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1243-1575
Date Filed 12-23-43

JAN 26 1944

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 Christine M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.