

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County Dallas Co
(b) City or town plad Rural
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas Co
(c) City or town plad 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 _____

3. (a) PRINT FULL NAME FRANCIS SARAH NUTTO

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife August Nutto 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased March 1878
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Mount Pleasant, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Tucker
13. Birthplace Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Elyabeth Hamilton
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant August Nutto
(b) Address plad No RR
17. (a) Burial (b) Date thereof Feb 10 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Lawn

18. (a) Signature of funeral director L B Jones
(b) Address Buffalo Mo
19. (a) 2-7-1944 (b) L B Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7
year 1944 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept. 30, 1943, 19____, to Feb. 7, 1944, 19____;
that I last saw her alive on Feb. 7, 1944, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Carcinoma Duration 3 mos.

Due to Carcinoma of the Stomach ?

Due to _____

Other conditions H6P
(Include pregnancy within 3 months of death)

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 g

23. Signature [Signature] (M. D. or other) D.O.
Address Buffalo, Missouri Date signed 3/3/44

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

30
0
0

RECEIVED

District Health Officer No. 17

License Number 2-44-245

Expiration Date 3-7-74

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.....

P. O. Address.....

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.