

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8061

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

FILED MAR 19 1944  
Registration District No. 292

Primary Registration District No. 6002

1. PLACE OF DEATH:

(a) County PALLS  
(b) City or town PERRY-MO. R.F.D. (RURAL)  
(c) Name of hospital or institution:  
SALT RIVER TOWNSHIP.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community ALL-OF-LIFE years, months or days

3. (a) PRINT FULL NAME LUCIAN B. UTTERBACK

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED  
6. (b) Name of husband or wife BESSIE SNYDER-HENSTRUM 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased FEB-12-1913 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 11 14 hr. \_\_\_\_\_ min.

9. Birthplace PALLS CO, MO (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARM

MOTHER FATHER { 12. Name LE GRAND-UTTERBACK  
13. Birthplace PALLS CO, MO (City, town, or county) (State or foreign country)  
14. Maiden name HESTER-BOWLE  
15. Birthplace PALLS CO, MO (City, town, or county) (State or foreign country)

16. (a) Informant Lucian Utterback  
(b) Address PERRY-MO

17. (a) Burial (b) Date thereof 1/29/44 (Month) (Day) (Year)

(c) Place: burial or cremation DE MOSS, CHAPEL

18. (a) Signature of funeral director Clyde W. Wilkey

(b) Address PERRY-MO

19. (a) 1/29/44 (b) Mrs. Earl Benkinson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PALLS  
(c) City or town PERRY-MO. R.F.D. (If outside city or town limits, write "RURAL")  
(d) Street No. SALT RIVER TOWNSHIP (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 27 year 1944 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

that I last saw him alive on Jan. 12, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Heart trouble and old age infirmities  
Due to Arterio Sclerosis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy no

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) no  
(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 no

23. Signature P. E. Suter (M. D. or other) Address PERRY-MO Date signed 1/29/44

RECEIVED

District Health Officer No. 10

District File Number 3-44-557

Date Filed MAR 9 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, Clyde Wilsey

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed Clyde Wilsey

Licensed Embalmer No. 3820

P.O. Address Perry, 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.