

FILED APR 8 1944
Registration District No. **296**

Primary Registration District No. **5818**

Registrar's No. **18**

1. PLACE OF DEATH:

(a) County **Morgan**
(b) City or town **Rural MOREAU**
(c) Name of hospital or institution: **Imp**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: **4 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Morgan**
(c) City or town **Rural MOREAU**
(d) Street No. **4 Mi N.E. Barnett Mo.**
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country: **-**

3. (a) PRINT FULL NAME **Martha - Alice - Dutcher**

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

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widow**
6. (b) Name of husband or wife **Douglas Dutcher** 6. (c) Age of husband or wife if alive **-** years
7. Birth date of deceased **Nov. 21 - 1855**

8. AGE: Years **88** Months **4** Days **6** If less than one day **-** hr. **-** min.

9. Birthplace **Benton Co. Mo**

10. Usual occupation **Housewife**

11. Industry or business **"**

MOTHER FATHER { 12. Name **John Howkey**
13. Birthplace **unknown**
14. Maiden name **Delilah Bowman**
15. Birthplace **W. Va.**

16. (a) Informant **Mary M. Willis**

(b) Address **Barnett Mo.**

17. (a) **Burial** (b) Date thereof **Mar. 28 '44**

(c) Place: burial or cremation **Big Rock Cem.**

18. (a) Signature of funeral director **Walter M. Kaye**

(b) Address **Eldon Mo.**

19. (a) **3-28-1944** (b) **Roy Berbatreiser**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **27**
year **1944** hour **11** minute **40** A.M.

21. I hereby certify that I attended the deceased from **3/18/44**
that I last saw her alive on **3/24/44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia**
Due to **Influenza**
Duration **3 days**

Other conditions **33a**
(Include pregnancy within 3 months of death)

Major findings: Of operations: **33a**
Of autopsy: **33a**

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? **-**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **-**

23. Signature **W. D. Walker** (M.D. or other) **W. D. Walker**
Address **Eldon Mo.** Date signed **3/28/44**

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

RECEIVED

District Health Officer No. 7,

District File Number 3-44-455

Date Filed 4-7-44

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 Keith M. Fay

Licensed Embalmer No. 3998

P. O. Address Eldon 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.