

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12458

State File No.

FILED APR 6 1944
Registration District No. 3344

Primary Registration District No. 6294

Registrar's No.

1. PLACE OF DEATH:

(a) County North
(b) City or town Rural - Green township
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community Entire Life years, months or days)

3. (a) PRINT FULL NAME Horace Aca Clutter

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

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Kathern Clutter 6. (c) Age of husband or wife if alive not alive years
7. Birth date of deceased Sept 14 1866 (Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 20 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

MOTHER FATHER { 12. Name Joe Evers Clutter
13. Birthplace Unknown Pa (City, town, or county) (State or foreign country)
14. Maiden name Rhoda Dean
15. Birthplace Unknown Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Joe Clutter
(b) Address Parnell mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Oxford cemetery

18. (a) Signature of funeral director John Andrews Jr
(b) Address Went City Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County North
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4th year 1944 hour 3 A.M. minute. M.

21. I hereby certify that I attended the deceased from Sept 10 to 2-4 1944
that I last saw him alive on 2-3 and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia Duration 44

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 162a

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) (b) Means of injury ✓

23. Signature B. H. H. M.D. (M.D. or other) Address Went City Mo Date signed 2-4-44

OCT 17 1952

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

John Andrews Jr, Registered Apprentice No. _____
working under my personal supervision.

Signed

Licensed Embalmer No.

4211

P. O. Address

Grant City 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.