S. No. 2
M—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1944

Registration District No. 360

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6225

State File No. 29018

Registrar's No. 142

1. PLACE OF DEATH:

(a) County: Gregory

(b) City or town: Rural Washington (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital #3 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 yr 1 mo 14 ds (Specify whether years, months or days) In this community: as above

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: McDonald

(c) City or town: Rocky Comfort (If outside city or town limits, write "RURAL")

(d) Street No.: rural (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: ?

3. (a) PRINT FULL NAME: ALBERT UTTER

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: —

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

7. Birth date of deceased: 2 (Month) — 23 (Day) — 1882 (Year)

8. AGE: Years: 62 Months: 6 Days: 0 If less than one day: hr. min.

9. Birthplace: Rocky Comfort (City, town, or county) Mo (State or foreign country)

10. Usual occupation: Farming

11. Industry or business: Farm

FATHER

12. Name: W. M. Utter

13. Birthplace: Ind (City, town, or county) ? (State or foreign country)

MOTHER

14. Maiden name: Ella Bordy

15. Birthplace: Ill (City, town, or county) ? (State or foreign country)

16. (a) Informant: Patient

(b) Address:

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-24-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Owsley

18. (a) Signature of funeral director: F. M. Humphrey

(b) Address: Pineville, Mo

19. (a) 9-1-44 (Date received local registrar) (b) Hazel B. Burrck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 23 year: 1944 hour: 12 minute: 20 P.M.

21. I hereby certify that I attended the deceased from Oct 1, 1943 to Aug 23, 1944 that I last saw him alive on Aug 23, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Meningo encephalitis — Duration: ?

Due to: ✓

Due to: ✓

Other conditions: Cystic lung (Include pregnancy within 3 months of death)

Major findings: Of operations: none

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:

23. Signature: R. G. Hall (M. D. or other)

Address: Neosho Mo Date signed: 8-23-44

133 (Licensed Embalmer's Statement on Reverse Side)

No. 7

8-44-1013

Date Filed 9-7-44

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 NOT

..., Registered Apprentice No. ...,

working under my personal supervision.

Signed Wayne E Humphreys

Licensed Embalmer No. 4262

P. O. Address Pineville, 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.