

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31202

Registration District No.

Primary Registration District No.

4258

Registrar's No.

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Edina
(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 Life
years, months or days

3. (a) PRINT FULL NAME Chaunsey Marion Aucutt

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 married
6. (b) Name of husband or wife Marie Bell 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased March - 27 - 1892
(Month) (Day) (Year)

8. AGE: Years 52 Months 5 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Wm. E. Aucutt
13. Birthplace Novelty, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ora M. Smith
15. Birthplace Nickelton, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jim Aucutt
(b) Address Hurndland Mo.
17. (a) Burial (b) Date thereof Sept-9-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Locust Hill Missouri

18. (a) Signature of funeral director Keith Hudson
(b) Address Edina, Missouri
19. (a) Sept 10 1944 (b) Nella Northcutt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 5-2
(c) City or town Edina
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 6
year 1944 hour 4:15 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to 9-6-1944
that I last saw him alive on 9-6-1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute congestive heart failure
Due to _____
Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration

8 min.

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) (c) Means of injury _____

Signature Fredrick L. Belmont (M. D. or other) MD
Address Edina, Mo. Date signed 9-8-44

(Licensed Embalmer's Statement on Reverse Side)

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

1142

RECEIVED
District Health Officer No. 10
District File Number 10-44-1945
Date Filed OCT 11 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, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edging Missouri

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.