

FILED DEC 4 1944  
215

Primary Registration District No. 4327 578 3

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Watkins, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Richwood  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days)

In this community Life  
years, months or days

3. (a) PRINT FULL NAME WILLIAM LUTTRELL

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Perkin

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Aug 24 1864  
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 25  
If less than one day hr. min.

9. Birthplace Brunley Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER { 12. Name Henry Luttrell

13. Birthplace Brunley Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Celia Witt

15. Birthplace Brunley Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Rosa Luttrell

(b) Address Iberia, Mo

17. (a) Burial (b) Date thereof 10-20-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunley Mo

18. (a) Signature of funeral director C. L. Casey

(b) Address Iberia, Mo

19. (a) 10-20-44 (b) Jessie Perkins  
(Date received local registrar's report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Miller

(c) City or town Watkins  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18  
year 1944 hour 3 minute 9 M.

21. I hereby certify that I attended the deceased from July 6 1940  
to Oct 18 1944

that I last saw h. 117 alive on Oct 18 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death metastatic carcinoma of the liver Duration 2 months

Due to Carcinoma of the colon 2 yrs.

Other conditions Teriary Syphilis 40 years

(Include pregnancy within 3 months of death)

Major findings: Of operations metastatic carcinoma of the liver

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)

(e) Means of injury 2

23. Signature Wm. A. Gould (M. D. or other) DO

Address Iberia Mo Date signed 11/2/44

**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     *W. B. Casey*    

Licensed Embalmer No.     2694    

P. O. Address     Beria, Md.    

**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.**