

FILED MAR 8 1945

Registration District No. 144

Primary Registration District No. 5562

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Pilot Knob, Arkansas  
(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 years, months or days)

In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Iron

(c) City or town Pilot Knob  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Peter David Utt

3. (b) If veteran, name war no

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 and year 1945 hour 12 minute 35 M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Lela Utt

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased: March 25 1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 30 1945 to Feb 2 1945 that I last saw him alive on Feb 1 1945 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>10</u>	<u>7</u>	hr. _____ min. _____

Immediate cause of death: Double Lobar Pneumonia

Due to Infermitis of old age

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Virden Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation carpenter (retired)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Peter Utt

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

14. Maiden name Lavina Haddix

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

16. (a) Informant Mrs. Lela Utt

(b) Address Pilot Knob Mo.

17. (a) burial (b) Date thereof 2-5-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Knob Mo.

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? \_\_\_\_\_

18. (a) Signature of funeral director Norman White & Sons

(b) Address Ironton Mo.

19. (a) Feb 7, 1945 (b) Mrs. Emma E. Howard  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature F. W. Gale (M. D. or other) \_\_\_\_\_

Address Bismarck Mo Date signed 2-2-45

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

17  
00

RECEIVED

District Health Officer No. 4  
District File Number 345-304  
Date Filed 3-6-45

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 Amos White  
- - Licensed Embalmer No 3012  
P. O. Address Clinton, 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.