

No. 2  
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5-17-39  
PI X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

**FILED** JUL 13 1945 **STANDARD CERTIFICATE OF DEATH**

State File No. 20327

Registration District No. 128

Primary Registration District No. 200

Registrar's No. 514

**1. PLACE OF DEATH:**

(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
O'REILLY GENERAL HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
In this community 4 days  
years, months or days (Specify whether)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State California (b) County LOS ANGELES  
(c) City or town Glendale  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1204 Valley View Rd.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WARREN B. CUTTER

3. (b) If veteran, name war WORLD WAR II  
3. (c) Social Security No. 557-28-7744

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife NONE  
6. (c) Age of husband or wife if alive XX years  
7. Birth date of deceased May 10, 1924  
(Month) (Day) (Year)

8. AGE: Years 21 Months 1 Days 16  
If less than one day hr. min.

9. Birthplace Glendale California  
(City, town, or county) (State or foreign country)

10. Usual occupation Welding

11. Industry or business Unknown

12. Name Charles E. Cutter  
13. Birthplace Plymouth New Hampshire  
(City, town, or county) (State or foreign country)  
14. Maiden name Florence Hennessey  
15. Birthplace Chelsea Massachusetts  
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Cutter  
(b) Address 1204 Valley View Rd, Glendale, California

17. (a) Removal (b) Date thereof 28 June 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Glendale, California

18. (a) Signature of funeral director Warren B. Cutter  
(b) Address 1204 Valley View Rd, Glendale, California

19. (a) 6-28-45 (b) W. H. Handley  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 26  
year 1945 hour 2 minute 35 A.M.

21. I hereby certify that I attended the deceased from 23 June 1945 to 26 June 1945  
that I last saw him in alive on 26 June 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: Edema, pulmonary  
Duration 18 hrs.

Due to Brain, malignant neoplasm of, temporal lobe (primary site, brain)

Due to \_\_\_\_\_  
Other conditions 564  
(Include pregnancy within 3 months of death)

Major findings: Malignant neoplasm of brain.  
Of operations \_\_\_\_\_  
Of autopsy Confirmation of above diagnoses.  
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) (Specify means of injury)  
23. Signature Charles E. Cutter (Physician)  
Address O'Reilly General Hospital Date signed \_\_\_\_\_

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

**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

*Walter E. Hamilton*

Licensed Embalmer No.

*3808*

P. O. Address

*Springfield, 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.**

X