Dr Wade Ozark MO

25262

V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUL 26 1945

State File No.

Registration District No. 35

Primary Registration District No. 4516

Registrar's No. 49

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

1. PLACE OF DEATH:
(a) County Taney
(b) City or town Forsyth (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Forsyth MO / Route (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 Years — years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Taney 106
(c) City or town Forsyth MO 0 (If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? U. S. A. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George M. Luttrell
3. (b) If veteran, name war no
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 Mary E. Luttrell
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Feb (Month) 7 (Day) 1864 (Year)

8. AGE: Years 81 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Springfield MO (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name James M. Luttrell
13. Birthplace unknown 9 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ross
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Luttrell
(b) Address Forsyth MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 10 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Swan MO
18. (a) Signature of funeral director Harry Forsyth
(b) Address Forsyth MO
19. (a) June 9 1945 (Date received local registrar) (b) Louise Forsyth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 8 day 8 year 1945 hour 3:10 minute A.M.
21. I hereby certify that I attended the deceased from May 1st, 1945 to June 8, 1945; that I last saw him alive on May 31st, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of Liver & Infected Prostate	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

46 8

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 J. H. Wade 0 (M. D. or other)
Address Ozark M. Date signed 6-20-45

1576 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 745-791
Date Filed JUL 24 1945

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: Minnie L. Whitehil

Licensed Embalmer No. 2277

P. O. Address Branson Me

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.