

FILED SEP 12 1945

Registration District No. **70**

Primary Registration District No. **5278**

Registrar's No. **72**

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

1. PLACE OF DEATH:

(a) County **Black**
(b) City or town **Winnchester Jackson Twp**
(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) county **Black Twp**
(c) City or town **Winnchester Jackson**
(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

Martha Frances Jutte

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **F.M.I.** 5. Color or race **W.**

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

6. (b) Name of husband or wife **Wm Jutte**

6. (c) Age of husband or wife if alive **72 years**

7. Birth date of deceased **June - 26 - 1875**
(Month) (Day) (Year)

8. AGE: Years **70** Months **2** Days **4**
If less than one day hr. _____ min. _____

9. Birthplace **Black County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **at Home**

11. Industry or business _____

MOTHER FATHER

12. Name **Henry Bash**

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

14. Maiden name **Mary Strong**

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

16. (a) Informant **Wm Jutte**

(b) Address **Kathala Mo. R.R.**

17. (a) **Burial** (b) Date thereof **9-2-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bash Cemetery**

18. (a) Signature of funeral director **Fred J. Karle**

(b) Address **916 - 45**

19. (a) **9/6-45** (b) **F. R. Redmond**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **30** day **August**
year **1945** hour **10** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **July 8, 1945**
to **August 16, 1945**

that I last saw her alive on **August 16, 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Valvular disease of the aortic heart**

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.

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 _____

23. Signature **P. W. Jennings** (M. D. or other)

Address **Centon Mo** Date signed _____

1416

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..... *Fred J. Karle*

Licensed Embalmer No. *1023*

P. O. Address *Kahota 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.