

FILED OCT 15 1945

State File No. _____

Registration District No. 156

Primary Registration District No. 2011

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Norton Albert Uthagrove

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nina Uthagrove 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 26, 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>4</u>	<u>26</u>	hr. _____ min.

9. Birthplace Bertrand Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Edgar Uthagrove

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

14. Maiden name not known Hannan

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

16. (a) Informant Mrs. Nina Uthagrove

(b) Address Goodman, Missouri

17. (a) removal (b) Date thereof 9/23/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Lawn Cemetery Morrill, Nebraska

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 9-22-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald Co
(c) City or town Goodman
(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 Sept. day 21
year 1945 hour 2 minute 30P M.

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

Immediate cause of death Cerebral hemorrhage
of prostate
Duration 2 days
Due to prostate 2 yrs.

Other conditions prostate
(Include pregnancy within 3 months of death)

Major findings: prostate
Of operations prostate
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: no

(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 [Signature] M. D. or other _____
Address [Signature] Date signed 9/21/45

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

MOTHER FATHER

45-9-793

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.