S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Cline

State File No. 31583

Registration District No. 332 Primary Registration District No. 4488 Registrar's No. 3

1. PLACE OF DEATH

(a) County Scott

(b) City or town Morley
(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 life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 120

(c) City or town Morley 0
(If outside city or town limits, write "RURAL")

(d) Street No. — 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country —

3. (a) PRINT FULL NAME HENRY MATHENIA UTNAGE

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex Male 0

5. Color or race white

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

6. (b) Name of husband or wife Eva Lena

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

7. Birth date of deceased April 24 1888
(Month) (Day) (Year)

8. AGE: Years 57 Months 7 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Scott Co. (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Joseph Utnage
13. Birthplace (City, town, or county) DK 9 (State or foreign country)

MOTHER
14. Maiden name Eliza Hawkins
15. Birthplace (City, town, or county) DK 9 (State or foreign country)

16. (a) Informant Mrs Wm Williams 1
(b) Address Vanduser Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation Morley Mo

18. (a) Signature of funeral director Welsh Funeral Home
(b) Address Sikeston Mo

19. (a) Sept-1 (Date received local registrar) (b) A. Bryant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25
year 1945 2 hour 45 minute A.M.

21. I hereby certify that I attended the deceased from July, 1945, to 8/24, 1945
that I last saw him alive on 8/9, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	9
Due to	
Due to	
Other conditions Endocarditis (Include pregnancy within 3 months of death)	Probably 1944

Major findings:
Of operations
Of autopsy

13 N

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J A Cline (M. D. ~~or other~~) 0
Address Oran Mo Date signed 8/25/45

1550

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1045-3117
Date Filed 10-8-45

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.