

FILED NOV 11 1945
Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County. DeKalb
(b) City or town. St. Joseph Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 16 days
In this community 16 days
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. WORTH
(c) City or town. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route Parnell
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Josephus C. Clutter

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. Hattie M. Clutter 6. (c) Age of husband or wife if alive. 56 years

7. Birth date of deceased. November 13, 1888
(Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 08 If less than one day hr. min.

9. Birthplace. Parnell, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business.

MOTHER FATHER

12. Name. Horace A. Clutter

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

14. Maiden name. Kathryn White

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

16. (a) Informant. Kathryn Clutter

(b) Address. 3015 Park, Kansas City, Mo.

17. (a) Reburial (b) Date thereof. 10-21-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. North County

18. (a) Signature of funeral director. Harold Anderson

(b) Address. Harold, Missouri

19. (a) 10-22-1945 (b) H. K. Kessler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21
year 1945 hour 9 minute 20 a.m.

21. I hereby certify that I attended the deceased from Oct. 5, 1945 to Oct. 21, 1945
that I last saw him alive on Oct. 21, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death. Myelocytic leukemia
myeloblastic type, acute. Duration 6 weeks

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none ffo

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?..... (2) Means of injury C

23. Signature E. M. Shores (M. D. or other) M.D.
Address 317 Duke Patrick Bldg. Date signed 10-21-45

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

SEP 18 1955

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. 2892
working under my personal supervision.

Signed Hayes C. ...
Licensed Embalmer No. 2892
P. O. Address Worth 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.