

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 25 1946
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3111

State File No. _____

Registration District No. 169

Primary Registration District No. 4262

Registrar's No. 21

1. PLACE OF DEATH:
 (a) County Knox
 (b) City or town Knox City
 (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 90 years years, months or days

3. (a) PRINT FULL NAME James Robert Northcutt
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male race White 5. Color or race _____
 6. (a) Single, widowed, married, divorced, widowed
 (b) Name of husband or wife Lee Horner 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 14 1845 (Month) (Day) (Year)

8. AGE: Years 90 Months 10 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Knox Co. MO (City, town, or county) (State or foreign country)

10. Usual occupation Physician

11. Industry or business _____

MOTHER FATHER
 12. Name Berj. R. Northcutt
 13. Birthplace KY (City, town, or county) (State or foreign country)
 14. Maiden name Agnes Jane Ballard
 15. Birthplace KY (City, town, or county) (State or foreign country)

16. (a) Informant Nelle Northcutt
 (b) Address Knox City MO

17. (a) Burial (b) Date thereof 1-5-1946 (Month) (Day) (Year)
 (c) Place: burial or cremation Knox City MO

18. (a) Signature of funeral director Seiger & Waller
 (b) Address Knox City

19. (a) Jan 7-46 (b) Nelle S. Hurst (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Knox
 (c) City or town Knox City (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3 year 1946 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan 1 1946 to Jan 3 1946 that I last saw him alive on Jan 3 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 10 yrs

Due to Arteriosclerosis?

Due to _____

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

Major findings: Of operations _____ Of autopsy 92%

Duration _____
 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 Waldo B. Jones MD Address Knox City MO Date signed 1/5/46

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

1433

SEP 8 1947

RECEIVED

District Health Officer No. 10

District File Number 1-46-68

Date Filed JAN 23 1946

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

Kred Walter

Licensed Embalmer No. 684

P. O. Address 1st St Cij No

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.