

No. 2
1-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8935**

FILED APR 15 1946

Registration District No. 98

Primary Registration District No. 4159

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Pattonsburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess
(c) City or town Pattonsburg
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME George Edward Uthe

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 Single

6. (b) Name of husband or wife - 6. (c) Age of husband or wife if

7. Birth date of deceased Sept - 8 - 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 5 22 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name George Uthe

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

14. Maiden name Christal Patton

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

16. (a) Informant George Uthe
(b) Address Pattonsburg

17. (a) Burial (b) Date thereof 3-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alta Vista

18. (a) Signature of funeral director John L. Troner

(b) Address Pattonsburg Mo

19. (a) 3125746 (b) Veronique de Langhelet
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 2
year 1946 hour 7:30 minute A M.

21. I hereby certify that I attended the deceased from On
March 2, 1946, to -, 1946;
that I last saw him alive on Feb. 28, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death
the child had a
complete stomach
infection, caused
small stomach.

Due to -
Due to -

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations 158
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 0

23. Signature Dr. John L. Troner (M. D. or other) 1

Address Pattonsburg Mo Date signed 3/20/46

(Licensed Embalmer's Statement on Reverse Side)

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

7854

1
2
3

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Isa L. Grimes

Licensed Embalmer No. 3022

P. O. Address Pattonsburg 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.