

FILED APR 13 1946

Registration District No. _____

Primary Registration District No. **3028**

Registrar's No. **44**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Carthage**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1011 So. Garrison Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **50 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper 49**
(c) City or town **Carthage**
(If outside city or town limits, write "RURAL")
(d) Street No. **1011 S. Garrison Ave.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **20**
year **1946** hour **8:40** minute **8** M.
21. I hereby certify that I attended the deceased from **Feb 11, 1946**
to **Mar 20, 1946**
that I last saw him alive on **March 20, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Chronic Myocarditis 10 yrs
Chronic Nephritis 10 yrs
Due to _____
Due to _____
Other conditions **Uremia 3 days**
Bronchial asthma 50 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **none**
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) _____ (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 **George H. Wood** (M. D.)
Address **Carthage Mo** Date signed **Mar 21, 46**

3. (a) PRINT FULL NAME **James C. McCutchen**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

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 alive _____ years

7. Birth date of deceased **January 14 1875**
(Month) (Day) (Year)

8. AGE: Years **71** Months **2** Days **6** If less than one day _____ hr. _____ min.

9. Birthplace **Lamar Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **shoe store owner**

11. Industry or business **McCutchen-Hughes Shoe Co**

12. Name **Lonzo McCutchen**

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

14. Maiden name **Fannie Thompson**

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

16. (a) Informant **Mrs. C. A. Grimes**

(b) Address **1015 S. Garrison, Carthage.**

17. (a) **burial** (b) Date thereof **March 22, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **PARK Cemetery**

18. (a) Signature of funeral director **Knell Mortuary**

(b) Address **Carthage, Mo.**

19. (a) **3-22-46** (b) **G. B. Clements**
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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.....

Frank W. Kuss *J*....., Registered Apprentice No. *379*
working under my personal supervision.

Signed..... *Emm R. Jones*

Licensed Embalmer No. *391*

P. O. Address *Carhay*

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.