

STANDARD CERTIFICATE OF DEATH

State File No. 10282

FILED MAR 27 1946
Registration District No. 263

Primary Registration District No. 5898

Registrar's No. /

1. PLACE OF DEATH: Ozark

(a) County. Ozark

(b) City or town. Rural - Big Creek
(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. 80 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Ozark 77

(c) City or town. Lutie - rural 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)
If yes, name country.

3. (a) PRINT FULL NAME Henry F. Futrell

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 2

6. (b) Name of husband or wife. Sarah Futrell

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

7. Birth date of deceased. May 1857
(Month) (Day) (Year)

8. AGE: Years 88 Months 9 Days 17
If less than one day hr. min.

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

10. Usual occupation. Farmer

11. Industry or business.

MOTHER FATHER

12. Name. Bryant Futrell

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

14. Maiden name. Down

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

16. (a) Informant. J.W. Futrell
(b) Address. Lutie, Mo.

17. (a) B (b) Date thereof. 2-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Lutie Cemetery

18. (a) Signature of funeral director. Clinkingbeard Funeral Home
(b) Address. Gainesville, Mo.

19. (a) 2-28-1946 (b) Mary T. Johnson
(Date received local physician's certificate) (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26
year 1946 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb. 21 1946 to Feb. 28 1946
that I last saw him alive on Feb. 24 1946
and that death occurred on the date and hour stated above.

Immediate cause of death. Heart failure and failure.

Due to Rheumatism

Due to Enteritis

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

Major findings: Of operations. no

Of autopsy. no

Duration

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? _____
(c) Means of injury _____

23. Signature. P.E. Bushong (M. D. or other) _____
Address. Gainesville Mo. Date signed. 2-28-46

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(Licensed Embalmer's Statement on Reverse Side)

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

9200

RECEIVED

District Health Officer No. 6,

District File No. 346-225

Date Filed MAR 20 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 H. B. Hutchinson

Licensed Embalmer No. 3431

P. O. Address Yamouville La

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.