

No. 2  
2-43  
17-39  
X35597

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13879

FILED APR 22 1946  
Registration District No. 209

Primary Registration District No. 3043

State File No. \_\_\_\_\_

Registrar's No. 140

1. PLACE OF DEATH:

(a) County Marion.

(b) City or town Hannibal, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Levering Hospital.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days.  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe. 69

(c) City or town Stoutsville, Mo. R.F.D. 0  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural. 0  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Leslie L. Utterback.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Altye E. Utterback 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased December 13, 1896  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>3</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Monroe County, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business Farm.

12. Name John T. Utterback.

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

14. Maiden name Mary Smith.

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

16. (a) Informant Altye Utterback

(b) Address Stoutsville, Mo.

17. (a) Burial (b) Date thereof 4-6-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stoutsville, Missouri

18. (a) Signature of funeral director Clayton Wilkey

(b) Address Perry, Missouri

19. (a) 4-10-46 (b) Dr. R.M. Lucke  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 3  
year 1946 hour 11:10 minute P. M.

21. I hereby certify that I attended the deceased from 48-1  
1946 to 4-3-46, 1946  
that I last saw him alive on 4/3, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Left Lower lobe pneumonia.

Due to \_\_\_\_\_

Other conditions Chl Myocarditis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
Of autopsy 108

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 or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_

23. Signature Dr. R.M. Lucke (M. D. optional)  
Address 1001 Highway 100, Hannibal, Mo. Date signed \_\_\_\_\_

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

**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 ~~me~~.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Clyde W. Wilkey*

Licensed Embalmer No. *3820*

P. O. Address *Perry, 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.**