

FILED MAY 16 1946

Registration District No. 207

Primary Registration District No. 5815

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Haw Creek Twn.
(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 Lifetime (Specify whether
years, months or days)

3. (a) PRINT FULL NAME GEORGE-F. LUTMAN

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 Married

6. (b) Name of husband or wife Letitia Morris 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Aug. 25 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 7 28 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Wm Lutman
13. Birthplace Penn
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Johnson
15. Birthplace Morgan County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Claud Lutman
(b) Address Versailles, Mo.

17. (a) Burial (b) Date thereof Mar-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles City

18. (a) Signature of funeral director J. F. Hubbard

(b) Address Versailles, Missouri

19. (a) 4/29-46 (b) Wm K. Rappenger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan
(c) City or town Haw Creek Twn.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 22nd
year 1946 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to Coronary Thrombosis

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

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence 4-22-46
(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? yes (Specify type of place) (c) Means of injury _____

23. Signature Rich. L. Hedden (M.D. or other) _____
Address Versailles Mo. Date signed 4/23/46

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

16355

RECEIVED

District No. 7th. Officer No. 7,

District File Number 4-46-470

Date Filed 5-15-46

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 J. F. Kimmel

Licensed Embalmer No. 1596

P. O. Address Verona, N.J.

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.