

**FILED APR 23 1947**

Registration District No. **352**

Primary Registration District No. **6191**

Registrar's No.

**1. PLACE OF DEATH:**

(a) County **Taney**  
(b) City or town **Rockaway Beach, Mo**  
(If outside city or town limits, write "RURAL" and name of townships)  
(c) Name of hospital or institution:  
**Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community **General Care**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **Taney 106**  
(c) City or town **Rockaway Beach**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? **USA** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Ida Lillian Dutcher**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **Female** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **Hyland L. Dutcher Deard** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **June 24 1887**  
(Month) (Day) (Year)

8. AGE: Years **89** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Cantersburg Ohio**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Home wife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Daniel Master** a  
13. Birthplace **unknown** a  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Adams**  
15. Birthplace **unknown** a  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_  
(b) Address **Rockaway Beach mo**

17. (a) **Burial** (b) Date thereof **Dec 26 46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Branon mo**

18. (a) Signature of funeral director **R O Wheelshel**

(b) Address **Branon mo**

19. (a) **1946-47** (b) **J E Cogwell**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Dec** day **22**  
year **1946** hour **2** pm minute \_\_\_\_\_

21. I hereby certify that I attended the deceased from **Dec 21 1946** to **Dec 23 1946**

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia** Duration **3 days**

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

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

Other conditions \_\_\_\_\_  
(Includes pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **107**

**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 \_\_\_\_\_

23. Signature **[Signature]** (M. D. or other) **MD**  
Address \_\_\_\_\_ Date signed **[Signature]**

6000  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
42618

RECEIVED

District Health Officer No. 6,

District File Number 447-489

Date Filed APR 22 1947

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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 Minnie J. Whelchel

Licensed Embalmer No. 2277

P. O. Address Princeton, N.C.

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.