

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 29

1. PLACE OF DEATH:  
 (a) County Greene  
 (b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1101 W. High Street  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 months  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME REBECCA ANN LUTTRELL  
 3. (b) If veteran, name war NONE  
 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widow 2  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 7, 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>8</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER {  
 12. Name John C. Miller  
 13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown Unknown  
 15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Exie Oliver  
 (b) Address 1101 W. High St., Springfield, Mo.

17. (a) Burial (b) Date thereof Jan. 12, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Porter Chapel, Competition

18. (a) Signature of funeral director Fred C. Thieme  
 (b) Address Springfield, Mo.

19. (a) 1-12-47 (b) W. S. Handley MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Greene  
 (c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1101 W. High Street  
(If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month January day 9th  
 year 1947 hour 2:55 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 10-1 1946 to 1-9 1947  
 that I last saw h. al alive on 1-7 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro-Vascular Disease  
 Duration 1 yr.

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy 131A

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) \_\_\_\_\_  
 Means of injury \_\_\_\_\_

23. Signature Max Bell (M. D. or other) MD  
 Address Springfield Mo Date signed 1-11-47

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

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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.....

*Ralph H. Thieme*

Licensed Embalmer No. 3681

P. O. Address. Springfield, 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.**