

S. No. 2  
-12-45  
5-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10101

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

FILED MAR 25 1947

Registration District No. 236

Primary Registration District No. 4352

Registrar's No. 18

1. PLACE OF DEATH:  
 (a) County Morgan  
 (b) City or town Versailles MO  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community Life time  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Morgan 21  
 (c) City or town Versailles MO 1  
(If outside city or town limits, write "RURAL") 6  
 (d) Street No. \_\_\_\_\_  
(If rural, give location) 0  
 (e) Citizen of foreign country? No (When No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Belle C. Tutt  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month March day 18th  
 year 1947 hour 2 minute A. M.  
 21. I hereby certify that I attended the deceased from Jan. 17, 1947  
 \_\_\_\_\_, 19\_\_\_\_, to Mar. 17, 1947  
 that I last saw h. or alive on March 17, 1947  
 and that death occurred on the date and hour stated above.

4. Sex Female 3 5. Color Negro 6. (a) Single, widowed, married, divorced Married  
face Colored  
 6. (b) Name of husband or wife William Tutt 6. (c) Age of husband or wife if alive 72 years  
 7. Birth date of deceased Dec 24th 1875  
(Month) (Day) (Year)

Immediate cause of death Lymphocytic Leukaemia 2 months  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy 44A

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>2</u>	<u>22</u>	<u>0</u> hr. <u>0</u> min.

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

10. Usual occupation At Home

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

MOTHER FATHER

12. Name Smith Chism 0  
 13. Birthplace Morgan CO MO  
(City, town, or county) (State or foreign country)  
 14. Maiden name Elvina Collins  
 15. Birthplace Morgan Co MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lois Burris

(b) Address Versailles MO

17. (a) Burial (b) Date thereof 3-20-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles Cemetery

18. (a) Signature of funeral director W. F. Radwell

(b) Address Versailles MO

19. (a) 3-22-47 (b) W. G. Gunn  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_ (e) Means of injury 0  
 23. Signature W. G. Gunn (M. D. or other) \_\_\_\_\_  
 Address Versailles MO Date signed 3/19/47

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

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

RECEIVED  
District Health Officer No. 7,  
District File Number 2-47305  
District File Number 3-24-47  
Date Filed

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 W. F. Maxwell

Licensed Embalmer No. 1596

P. O. Address Versailles, 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.