

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED JUN 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21935

Registration District No. 292

Primary Registration District No. 5999

Registrar's No.

1. PLACE OF DEATH:

(a) County RAHLS  
(b) City or town CENTER, MISSOURI  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: HIS FARM (CENTER-TOWNSHIP)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME Sutton Utterback

3. (b) If veteran, name war 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 OLLIE 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased MARCH-12-1885  
(Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days 22 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business FARM

12. Name S. B. UTTERBACK  
13. Birthplace RAHLS, MO  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant Maurice Utterback  
(b) Address PERRY - MO

17. (a) BURIAL (b) Date thereof 4/7/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREENLAWN Cemetery

18. (a) Signature of funeral director PERRY, MISSOURI  
(b) Address PERRY, MISSOURI

19. (a) 4/7/1947 (b) Clyde W. Perry  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RAHLS 87  
(c) City or town CENTER, MO. R.F.D. 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 4  
year 1947 hour 9:00 minute P.M.

21. I hereby certify that I attended the deceased from NO-MEDICAL-ATTENTION, 19\_\_\_\_  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure  
Duration

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 200A  
Of autopsy \_\_\_\_\_  
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) NO  
(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 3

23. Signature Clyde W. Perry  
Address PERRY - MO Date signed 4/7/47

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

RECEIVED  
District Health Officer No. 10  
District File Number 647-745  
Date Filed JUN 18 1947

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.....

John F. Ellis Registered Apprentice No. 494  
working under my personal supervision.

Signed.....

Peydree Willey  
Licensed Embalmer No. 3520

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.