

FILED JUN 20 1947

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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **RAHLS 87**
(c) City or town **CENTER, MO. R.F.D. 0**
(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 _____

3. (a) PRINT FULL NAME **Sutton Utterback**

3. (b) If veteran, 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 **Ohlie Belle Utterback** 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. 0**
(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 0**
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **UNKNOWN 9**
(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 _____
(b) Address **PERRY, MISSOURI**

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

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**
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations **200A**
Of autopsy _____

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

MOTHER FATHER

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

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 *Clyde Wiley*

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.