S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1947

Registration District No. 150

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24499

Primary Registration District No. 4240

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Blue Springs (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 84 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town (If outside city or town limits, write "RURAL")

(d) Street No. Blue Springs (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anna B. Luttrell

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F M

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July (Month) 22 (Day) 1863 (Year)

8. AGE: Years 84 Months 0 Days 2 If less than one day hr. min.

9. Birthplace Blue Springs (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business Retired

FATHER
12. Name Willis Luttrell
13. Birthplace (City, town, or county) Va (State or foreign country)

MOTHER
14. Maiden name Martha Jessie
15. Birthplace Jackson Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant W. E. Luttrell

(b) Address Blue springs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JULY 27, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Blue springs Mo

18. (a) Signature of funeral director Mrs. G. B. Webb Son

(b) Address Blue springs Mo

19. (a) July 26, 1947 (Date received local registrar) (b) Donald C. Earnshaw (Registrar's signature) 274

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 47 hour 12 minute 40 P. M.

21. I hereby certify that I attended the deceased from Nov. 1945, to July, 1947 that I last saw her alive on July 23, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the descending Colon Sigmoid with metastasis	3 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Colostomy April 24 / 1947

Of autopsy No autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. H. Allen M.D. (M. D. or other)

Address Independence Mo Date signed 7/26/47

(Licensed Embalmer's Statement on Reverse Side)

SEP 23 1964

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 R B Webb

Licensed Embalmer No. 2353

P. O. Address Blue springs 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.