No. 2
8-43
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X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 9 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1932

Registration District No. 251 Primary Registration District No. 4381 Registrar's No. 26

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Hopkins (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 46 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74
(c) City or town Hopkins (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eva Isadore Mutti
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albert Mutti
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased July (Month) 29 (Day) 1880 (Year)

8. AGE: Years 67 Months 5 Days 28 If less than one day hr. min.

9. Birthplace Neponset (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Joseph Markee
13. Birthplace St. Sylvester (City, town, or county) Canada (State or foreign country) 2
MOTHER
14. Maiden name Jane Waite
15. Birthplace Medina (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Albert Mutti
(b) Address Hopkins, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 29, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Hopkins, Mo.
18. (a) Signature of funeral director Stanley Swanson
(b) Address Hopkins, Mo
19. (a) 1-31-48 (Date received local registrar) (b) Bess Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 27 year 1948 hour 11 minute 45a M.
21. I hereby certify that I attended the deceased from Aug 1, 1947 to Jan 27, 1948 that I last saw her alive on 1/27, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of uterus & Stomach	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

48B

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 C W Kirk (M. D. or other) M. D.
Address Hopkins Date signed 1/28/48

(Licensed Embalmer's Statement on Reverse Side)

DEC 19 1952

AUG 19 1954

SEP 23 1960

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Stanley Swanson

Licensed Embalmer No. 3963

P. O. Address Hopkins, 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.

S. No. 2B
—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7 Pk

Registration District No. 251 Primary Registration District No. 4381 Registrar's No. 26

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Hopkins
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Eva L. Mutti

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 29 (Day) 1888 (Year)

8. AGE: Years 67 Months 5 Days 28 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 1-31-48 (Date received local registrar) (b) Bess Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day 27
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 (M. D. or other)

Address Date signed

S -1932