No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

32411

State File No.

FILED NOV 6 1948

Registration District No. 2

Primary Registration District No. 3017

Registrar's No. 147

1. PLACE OF DEATH:
(a) County COOPER
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ONE WEEK (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MORGAN
(c) City or town MOREAU TOWNSHIP
(If outside city or town limits, write "RURAL")
Versailles Rural
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROSA ANN DUTCHER
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MONROE DUTCHER
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased MARCH 18 - 1873
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 7 If less than one day hr. min.

9. Birthplace VERNON COUNTY MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business HOME
FATHER
12. Name JONH VAN NOY
13. Birthplace MONITEAU COUNTY MISSOURI
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name JOSEPHINE COMPTON
15. Birthplace MILLER COUNTY MISSOURI
(City, town, or county) (State or foreign country)
16. (a) Informant EDGAR HODGES
(b) Address VERSAILLES - MO.
17. (a) BURIAL (b) Date thereof OCT. 27-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation VERSAILLES - MO.
18. (a) Signature of funeral director STEGNER
(b) Address BOONVILLE - MO.
19. (a) 10-26-48 (b) D. B. Hooper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 25th
year 1948 hour 3:30 minute a. M.
21. I hereby certify that I attended the deceased from 10-17-48
, 19, to 10-25-48, 19;
that I last saw her alive on 10-24-48, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary edema	2+ days
Uremia	4+ days
Due to Cardiac failure - arteriosclerotic Heart disease	? years
Due to toxic nephritis	4+ days
due to - obstructive jaundice and Hepatitis	3+ weeks
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause of 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 B. M. Stuart (M. D. or other) MD
Address 329 Main St. Date signed 10-26-48
Boonville, Mo.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-5-48

DEC 31 1952

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 James W. Steger

Licensed Embalmer No. 3788

P. O. Address Boonville, 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.