

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

31998  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Caldwell Registration District No. 99  
 (b) Township Ridder Primary Registration District No. 4059 Registered No. 6  
 (c) City Ridder (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred \_\_\_\_\_ mos. ds. (f) How long in U. S. since birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 346 Edith Elmira Cutler  
Caldwell Co. 8 years (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. B. Cutler  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-22-1860  
 7. AGE YEARS 79 MONTHS 3 DAYS 18 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Loekalb, Illinois

FATHER 13. NAME Henry Shaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER 15. MAIDEN NAME Lavina Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) A. F. Pawell

18. BURIAL, CREMATION, OR REMOVAL PLACE Winston Mo. Sept 11 1939 DATE Sept 11 1939

19. FUNERAL DIRECTOR (ADDRESS) H. F. Pawell  
Ridder Mo.

20. FILED Sept. 9 1939 A. F. Pawell  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9 1939

22. I HEREBY CERTIFY that I attended deceased from Sept 3 1939 to Sept 9 1939  
 I last saw her alive on Sept 5 1939 Death is said to have occurred on the date stated above, at 1:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis  
Senile Dementia  
930

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 No, specify \_\_\_\_\_  
 (Signed) Fred W. Wilson M. D.  
 (Address) Winstons. Mo

V. S. NO. 2. 50M-7-20-37 I X12004  
 MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1039/ 1339  
OCT 16 1939

STATEMENT BY LICENSED EMBALMER

I, H. F. Powell, Licensed Embalmer No. 1804  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by H. F. Powell  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed H. F. Powell  
Licensed Embalmer No. 1804

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.)