

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

6837  
 Do not use this space.

FILED MAR 12 1940

1. PLACE OF DEATH

(a) County Iron Registration District No. 391

(b) Township Arcadia Primary Registration District No. 15546A Registered No. \_\_\_\_\_

(c) City Ironton (d) Street No. Baptist Home 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lucy A. Northcutt

(a) Residence, No. Home for aged Baptists, Ironton, Mo (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Noah W. Northcutt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 2, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>84</u>	<u>5</u>	<u>3</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as saw mill, bank, etc. House Wife

10. Date deceased last worked at this occupation (month and year) several years 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co., Mo

FATHER

13. NAME Geo. Harrison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

MOTHER

15. MAIDEN NAME Martha Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co., Mo

17. INFORMANT (ADDRESS) Jed H. Busney Ironton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Arcadia Mo. DATE Feb. 6 1940

19. FUNERAL DIRECTOR (ADDRESS) (Home Cem) Norman White & sons Ironton Mo.

20. FILED Mar 9, 1940 Julia A. Kuntz Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3rd, 1940, to Feb. 5th, 1940. I last saw her alive on Feb. 4th, 1940. Death is said to have occurred on the date stated above, at 9:00A.M.

The principal cause of death and related causes of importance were as follows:

acute cardiac failure

Chronic myocarditis?

chronic cystitis?

Smoking?

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

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? none 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 \_\_\_\_\_, 1940

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

If so, specify \_\_\_\_\_

(Signed) R. E. Harland, M. D.

(Address) Ironton, Mo.

WRITE CAREFULLY, 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.

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**STATEMENT BY LICENSED EMBALMER**

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

Signed.....

Licensed Embalmer No.....

**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.)**