

2-40  
-39  
K23159

Registration District No. 334

Primary Registration District No. 4197

Registrar's No. 69

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

1. PLACE OF DEATH:

(a) County HARRISON

(b) City or town BETHANY  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
BETHANY HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether \_\_\_\_\_)

In this community 42  
years, months or days

3. (a) PRINT FULL NAME Filmore Sturges Dutro

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex 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 Dec 13 1867  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>9</u>	<u>17</u>	hr. min.

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

10. Usual occupation Music Teacher

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Soloman S. Dutro

13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Armstrong

15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant John A. Dutro

(b) Address Pattonburg Mo

17. (a) Burial (b) Date thereof 10/2/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coffey

18. (a) Signature of funeral director Ed Brown 302

(b) Address Pattonburg Mo

19. (a) 10-4-40 (b) A. L. Westling  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison

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

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

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 30  
year 1940 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 22, 1940, to Sept 30, 1940; that I last saw him alive on Sept 30, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none

Of autopsy renal

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature A. L. Westling (M. D. or other) \_\_\_\_\_  
Address Bethany Mo Date signed 9/9/40

**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.....

*G. S. Garner*

Licensed Embalmer No. *2857*

P. O. Address.....

*Patonsburg*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**