

10-39
7-31
X21492

Registration District No. 34

Primary Registration District No. 5050

State File No. _____

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Rural Liberty Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether) 2

In this community _____ of _____ known
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Rural
(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.

3. (a) PRINT FULL NAME William Clinton Utter

3. (b) If veteran, name war None

3. (c) Social Security No. 494-18-0458

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16th
year 1940 hour 11 minute P M.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Maud Utter

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased: Dec 4 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

64 - 12 hr. min.

Immediate cause of death Coronary Disease

Due to Dead when I arrived. 2 yrs.

9. Birthplace Tipton County Indiana
(City, town, or county) (State or foreign country)

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94-10

10. Usual occupation Farming

11. Industry or business _____

12. Name Cornelius J. Utter

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

14. Maiden name Adaline Barber

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Maud Utter

(b) Address Exeter Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 23 1940
(Month) (Day) (Year)

(c) Place: burial or cremation Rocky Comfort

18. (a) Signature of funeral director W. H. P. Seary

(b) Address Whetstone Mo.

19. (a) Jan. 4-1941 - Mrs. H. P. Seary
(Date received local registrar) (Registrar's signature)

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? 33

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature John R. Ellison (M. D. or other) MD

Address Exeter Mo. Date signed 12-24-40

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

RECEIVED

District Health Officer No. 6,

District File Number 141-75

Date Filed JAN 9 1941

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.....

Wm. Morris Pope....., Registered Apprentice No.....
working under my personal supervision.

Signed Wm. Morris Pope.....

Licensed Embalmer No. 3447

P. O. Address Wheaton

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, above space should be left blank.