

No. 2
4-13-40
-17-39
X23159

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **242**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Joseph Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **13 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Nebraska** (b) County **Pawnee** **999**
(c) City or town **Du Bois** **25**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **5** years.

3. (a) PRINT FULL NAME **Franklin Pierrick Utter**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Hydia** 6. (c) Age of husband or wife if alive **20** years

7. Birth date of deceased **July 5 1856**
(Month) (Day) (Year)

8. AGE: Years **84** Months **84** Days **7 22** If less than one day hr. min.

9. Birthplace **Mt Carmel / Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Brick Mason**

11. Industry or business

12. Name **Geo. W. Utter**

13. Birthplace **Mt Carmel / Ill.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Jane Mundy**

15. Birthplace **Mt Carmel / Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm. Utter**
(b) Address **Du Bois - Nebraska**

17. (a) **Du Bois Cemetery** (b) Date thereof **2-1-41**
(City, town, or county) (Month) (Day) (Year)

(c) Place: burial or cremation **Du Bois Cemetery**

18. (a) Signature of funeral director **Tracy Barry**
(b) Address **218 So. 10th - St. Joseph, Mo.**
19. (a) **2/1/41** (b) **H. J. Nestle**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **27th**
year **1941** hour **4:55** minute **9** P. M.

21. I hereby certify that I attended the deceased from **Feb 14**
1941 to **Feb 27**, 19**41**;
that I last saw him alive on **Feb 27**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Pyonephrosis bilateral**

Due to **Hypertrophy of Prostate gland**

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: Of operations **as above**
Of autopsy **as above with chronic pyonephrosis**

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? **85**
(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 **85** (e) Means of injury **6**
23. Signature **Charles Stanley** (M. D. or other) **M.D.**
Address **Orwell ST. JOSEPH** Date signed **2/28/41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

John E. Myers

Licensed Embalmer No. *3220*

P. O. Address *St. Joseph, 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.