

No. 2  
-4-13-40  
5-17-39  
PI X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

7279

State File No. \_\_\_\_\_

REGISTRATION DISTRICT NO. 3021

Primary Registration District No. 3021

Registrar's No. 14

L9  
6  
2

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town W.F.B.B. CITY.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
501 SOUTH HALL.  
(If not in hospital or institution, write street number or location)

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

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Stevell Nethercutt

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Annuel Mae Nethercutt

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Feb 17 1892  
(Month) (Day) (Year)

8. AGE: Years 49 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation miner

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

12. Name William Nethercutt

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

14. Maiden name Unknown

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

16. (a) Informant Missus Nethercutt

(b) Address W.F.B.B. CITY MO

17. (a) Burial (b) Date thereof Feb 19 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Castertville Cem

18. (a) Signature of funeral director W.F.B.B. CITY UND Co

(b) Address W.F.B.B. CITY MO

19. (a) FEB. 18. 41 (b) J.L. Pritchard on D  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town W.F.B.B. CITY  
(If outside city or town limits, write "RURAL")

(d) Street No. 501 S. Hall  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17 year 1941 hour 6 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 1 1941 to Feb 17 41  
that I last saw him alive on Feb 15 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Subarachnoid hemorrhage

Due to Sclerosis

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

Other conditions (Include pregnancy within 3 months of death) 176

PHYSICIAN \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature J.L. Pritchard (M. D. or other) \_\_\_\_\_  
Address W.F.B.B. CITY MO Date signed 2/17/41

**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 myself

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,992

P. O. Address Webb City, 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.**