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MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29546

**FILED** AUG 29 1941  
Registration District No. 13

Primary Registration District No. 4498

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Shannon

(b) City or town Winona Mo.  
(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 years, months or days)

In this community 45 Years

2. USUAL RESIDENCE OF DECEASED: 101

(a) State Missouri (b) County Shannon

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

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Azri Cutts

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22  
year 1941 hour 5 minute A M.

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Lue Cutts

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased May 14 1860  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 15  
July 22 1941 to July 20 1941  
that I last saw him alive on July 20 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Primary Myocarditis  
and Bright's disease Duration

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

81	1	8	_____ hr. _____ min.
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Due to \_\_\_\_\_

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

Other conditions 131B  
(Include pregnancy within 3 months of death)

9. Birthplace Greene Co., Ill. Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

MOTHER FATHER { 12. Name Charley Cutts

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

14. Maiden name Clarenda Sweeton

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

Major findings:  
Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Lue Cutts

(b) Address Winona Mo.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof July 23, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Munsel Chappel Cem.

18. (a) Signature of funeral director John F. Duncan

(b) Address Mountain View Mo.

23. Signature Frank Hyde (M. D. or other)

Address Emmuse Mo. Date signed 7-23-41

19. (a) 7-29-41 (b) Frank Hyde M.D.  
(Date received local registrar) (Registrar's signature)

144 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No 5,

District File Number 8411878

Date Filed \_\_\_\_\_

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 J. Amman*

Licensed Embalmer No. 2516

P. O. Address Queens New York

**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.**