

FILED JAN 14 1943  
Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **329**

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

**1. PLACE OF DEATH:**  
 (a) County Marion  
 (b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St Elizabeth Hospital  
(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)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Illinois (b) County Pike  
 (c) City or town Hull  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country 2

**3. (a) PRINT FULL NAME** Rosetta Mae Utterback

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month December day 25  
 year 1942 hour 10 minute 40 P. M.

**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. \_\_\_\_\_

**21. I hereby certify that I attended the deceased from** Dec 10, 1942,  
 that I last saw her alive on Dec 25, 1942,  
 and that death occurred on the date and hour stated above.

**4. Sex** Female **5. Color or race** White **6. (a) Single, widowed, married,** 3 divorced, Divorced

Immediate cause of death  
Cerebral Hemorrhage

**6. (b) Name of husband or wife** Bert Utterback **6. (c) Age of husband or wife if** 55 years  
**7. Birth date of deceased** May 10, 1877  
(Month) (Day) (Year)

Due to Hypertension  
 Due to \_\_\_\_\_  
 Other conditions 430  
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>7</u>	<u>15</u>	hr. min.

Major findings:  
 Of operations X  
 Of autopsy X

**9. Birthplace** Pike County Illinois  
(City, town, or county) (State or foreign country)

**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

**10. Usual occupation** Housewife

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

**12. Name** John Brown  
**13. Birthplace** No record  
(City, town, or county) (State or foreign country)

**14. Maiden name** Elizabeth Timmons  
**15. Birthplace** Pike County Illinois  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Albert Abney  
**(b) Address** Hull Illinois

**17. (a) Burial** (Burial, cremation, or removal) \_\_\_\_\_ **(b) Date thereof** 12/28/42  
(Month) (Day) (Year)  
**(c) Place: burial or cremation** Kinderhook Illinois

**18. (a) Signature of funeral director** Wm M. Smith  
**(b) Address** 902 Broadway Hannibal Missouri

**23. Signature** [Signature] (M. D. or other) \_\_\_\_\_  
**Address** 101 Perry Street Date signed 12/26/42

**19. (a) 12/26/42** (Date received by registrar) **(b) [Signature]** (Registrar's signature)

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**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 M. Smith*.....

Licensed Embalmer No..... 1204.....

P. O. Address..... Hannibal Missouri.....

**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.**