

FILED MAR 12 1943

State File No.

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 7

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Monett
(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 none
In this community about 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 501 - Third St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME MARY SERENA CLUTTER
3. (b) If veteran, name war none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 1st
year 1943 hour one o'clock minute 00 M.
21. I hereby certify that I attended the deceased from Dec 1st
1942, to 2-1- 1943
that I last saw her alive on Feb 1st 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Samuel Thomas Clutter
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased January 17 1871
(Month) (Day) (Year)

Immediate cause of death Coronary
occlusion
Due to myocardial disease 2 yrs
Due to

8. AGE: Years 72 Months 14 Days hr. min.

Other conditions (include pregnancy within 3 months of death) 938
Major findings: Of operations
Of autopsy

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

10. Usual occupation Housewife
11. Industry or business Home

12. Name of father James R. Andrews

13. Birthplace 1 Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Meda Ann Vaught
15. Birthplace 1 Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank E. Jones
(b) Address 501 - 3rd St Monett 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 2-4-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation 2007 Cem - Monett Mo

While at work? (Specify type of place) (c) Means of injury
23. Signature M M Nest (M.D. or other)
Address Monett, Mo. Date signed 2/3/43

18. (a) Signature of funeral director Callaway
(b) Address Monett Mo
19. (a) Feb 4th 1943 (b) Audna Willoughby
(Date received local registrar) (Registrar's signature)

1320 (Licensed Embalmer's Statement on Reverse Side)

WHILE FILING USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

Duration
Physician
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 343-369

Date Filed MAR 17 1943

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.....

J. P. Buchanan

Licensed Embalmer No. 3119

P. O. Address Mount Pleasant

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, fact should be so stated above.