

FILED MAY 6 1943
Registration District No. 7

Primary Registration District No. 3040

Registrar's No. 45 41

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Chillicothe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
(Specify whether
In this community 6 mo. 7 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No. 1104 Third Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Judy May Utley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 28 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 7 hr. min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name James Scott Utley
13. Birthplace Livingston County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Ethel Ellen Browning
15. Birthplace Grundy County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James S. Utley

(b) Address Chillicothe, Missouri.

17. (a) Burial (b) Date thereof 4-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parson Creek

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address Chillicothe, Missouri.

19. (a) April 6 (b) L. E. Elva Curry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th
year 1943 hour 9:30 minute A: M.

21. I hereby certify that I attended the deceased from Mar 13, 1943 to April 5, 1943
that I last saw her alive on April 5, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death General perfractura
Duration 3 weeks

Due to acute suppurative mastoiditis 33 days
Due to Influenza 99 f 27 days

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

Major findings: acute mastoiditis
Of operations Suppurative necrosis of bone
Of autopsy None done

PHYSICIAN

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. W. Capner (M. D. or other) _____
Address Chillicothe, Mo. Date signed 4/9/43

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

59
1
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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.....

E. R. Norman.....

Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2374.....

P. O. Address Chillicothe, 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.