

S. No. 2  
DM-2-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 13 1943**  
Registration District No. 132

STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

State File No. 38005  
Registrar's No. 148

Primary Registration District No. 3021

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

1. PLACE OF DEATH:  
(a) County GRUNDY  
(b) City or town TRENTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1611 MAPLE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community LIFE \_\_\_\_\_ (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County GRUNDY  
(c) City or town TRENTON  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1611 MAPLE  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME GEORGE B. CUTLIP  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 4  
year 1943 hour 9 minute 05 P.M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MARGARET 6. (c) Age of husband or wife if alive 72 years  
7. Birth date of deceased DEC 2 1858  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 9 1942 to Nov 4 1943  
that I last saw him alive on Nov 4 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
84 11 2 hr. \_\_\_\_\_ min.

Immediate cause of death Carcinoma of Pancreas Duration 4 m  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace GRUNDY CO. MO  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) H69  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation MERCHANT

11. Industry or business \_\_\_\_\_  
12. Name JOHN CUTLIP  
13. Birthplace OHIO  
(City, town, or county) (State or foreign country)  
14. Maiden name MARGARET WILSON  
15. Birthplace OHIO  
(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 \_\_\_\_\_

16. (a) Informant MRS. J. L. REHARD  
(b) Address TRENTON MO  
17. (a) BURIAL (b) Date thereof 11/7/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation I.O.O.F. TRENTON  
18. (a) Signature of funeral director GIPSON FUN. HOME  
(b) Address TRENTON MO  
19. (a) 11-6-43 (b) L. Roberts  
(Date received local registrar) (Registrar's signature)

23. Signature E. C. Duffy (M. D. \_\_\_\_\_)  
Address Trenton Mo Date signed Nov 5-43

1830 (Licensed Embalmer's Statement on Reverse Side)

JAN 6  
1950

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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.....

*C. M. Joiner*

Licensed Embalmer No.....

*3453*

P. O. Address.....

*Fulton Md*

**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.**