S. No. 2
DM—2-43
5-17-39
1 X35697

4
3
4

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1944

Registration District No. 204

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 43062

Registrar's No. 372

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community 7 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 69

(c) City or town Monroe City 1
(If outside city or town limits, write "RURAL") 0

(d) Street No. 307 N. Locust
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME Horacie Humphry Utterback

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Parlee

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

7. Birth date of deceased August (Month) 13 (Day) 1865 (Year)

8. AGE: Years 77 Months 3 Days 20 If less than one day hr. min.

9. Birthplace Ralls County (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Farmer (Retired) 2 Years

11. Industry or business

FATHER
12. Name Sanders M Utterback
13. Birthplace Ralls County (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Susan Utterback
15. Birthplace Monroe County (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant H T Utterback
(b) Address Monroe City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 5 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Florida Cemetary

18. (a) Signature of funeral director Wilson & Sons
(b) Address Monroe City Mo

19. (a) 12/7/43 (Date received local registrar) (b) Rio Connor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3rd year 1943 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from December 20, 1943 to Dec 3rd, 1943 that I last saw him alive on Dec 3, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CHRONIC INTERSTITIAL NEPHRITIS	5 yrs
Due to 131a	
Due to	
Other conditions LOBAR PNEUMONIA (Include pregnancy within 3 months of death)	5 DA

Major findings:
Of operations
Of autopsy

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? ✓ (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature John H Little 0 (M. D. or other)

Address Monroe City Mo Date signed 12/4/43

114 E

(Licensed Embalmer's Statement on Reverse Side)

JAN 26 1944

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 By Me

, Registered Apprentice No.

working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, Mo

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.