DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2507

Registration District No. 73 Primary Registration District No. 3014 Registrar's No. 7

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Liberty (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether In this community 65 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Liberty (If outside city or town limits, write "RURAL")

(d) Street No. 105 Suddenth (If rural, give location)

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

If yes, name country ✓ 0

3. (a) PRINT FULL NAME WILLIAM N CUTHBERTSON

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rebecca Cuthbertson

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Aug. (Month) 18 (Day) 1876 (Year)

8. AGE: Years 67 Months 4 Days 22 If less than one day hr. min.

9. Birthplace Clay Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Doctor of Medicine

11. Industry or business

FATHER
12. Name David F. Cuthbertson
13. Birthplace Ga. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emily L. Cr
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Essie Neet.

(b) Address R#1 Liberty Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 12 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Liberty Mo.

18. (a) Signature of funeral director Church Archer Co.

(b) Address Liberty Mo.

19. (a) Jan 11-44 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jany day 10 year 1944 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 1942 to Jan 10 1944 that I last saw him alive on Jan 9 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	36 hr.
Due to Hypertension	Indef.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

8301

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 0

23. Signature Glenn W. Hendren (M. D. ~~[illegible]~~)

Address Liberty Mo. Date signed 1/11/44

926

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK [illegible]

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-7-64

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 Edgar Archer.

Licensed Embalmer No. 3311

P. O. Address Liberty, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.