S. No. 2
M—9-4-41
v. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 14 1944

Registration District No. 985

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3425

Primary Registration District No. 3039

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Marceline
(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 10 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58 2

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

(d) Street No. E. Lake
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME Mrs Nancy Cutler

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 married

6. (b) Name of husband or wife Calvin Cutler

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased July (Month) - 12 (Day) - 1893 (Year)

8. AGE: Years 50 Months 5 Days 29 If less than one day ..... hr. ..... min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Henry C Seaman
13. Birthplace ..... (City, town, or county) W. Va (State or foreign country)

MOTHER
14. Maiden name Virginia C Burdeth
15. Birthplace ..... (City, town, or county) W. Va (State or foreign country)

16. (a) Informant Calvin Cutler
(b) Address Marceline Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 12 (Day) 1944 (Year)
(c) Place: burial or cremation Mt Olivet

18. (a) Signature of funeral director James M Laughlin
(b) Address Marceline Mo

19. (a) 1-11-44 (Date received local registrar) (b) P L Patrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
year 1944 hour 4 minute 30A M.

21. I hereby certify that I attended the deceased from July 6, 1943 to Jan 10, 1944
that I last saw her alive on Jan 10, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	6 days
Due to Metastatic Carcinoma of lung	7
Due to Carcinoma of Uterus	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

48 b

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 2

23. Signature Edward S Solomon (M.D. or other) DO

Address Marceline Mo Date signed 1-11-44

1350

(Licensed Embalmer's Statement on Reverse Side)

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.....Dale Bunch.....

Licensed Embalmer No.....4088.....

P. O. Address.....Marceline 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.