

1. PLACE OF DEATH:
 (a) County Lawrence
 (b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 855 days
(Specify whether years, months or days)
 In this community 855 days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Shelby 102
 (c) City or town Lakeman 0
(If outside city or town limits, write "RURAL")
 (d) Street No.
(If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country 1

3. (a) PRINT FULL NAME Chester Lewis Utz
 3. (b) If veteran, name war No
 3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 29
 year 1944 hour 12 minute 50 a. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Maggie Frances Kinzer Utz
 6. (c) Age of husband or wife if alive 31 years
 7. Birth date of deceased Sept. 29 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 27 1942 to Dec. 28 1944
 that I last saw him alive on Dec. 28 1944
 and that death occurred on the date and hour stated above.

8. AGE: Years 46 Months 3 Days 0
 If less than one day hr. min.

Immediate cause of death
Pulmonary tuberculosis over 6 yrs

9. Birthplace Shelby County Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Farming

Due to 13 1/2
 Due to
 Other conditions (include pregnancy within 3 months of death)

11. Industry or business
 12. Name Lewis Weldon Utz
 13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Athens
 15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations
 Of autopsy

16. (a) Informant E. McMichael, Record Clerk
 (b) Address Mo. State San., Mount Vernon, Mo.
 17. (a) Removal (b) Date thereof Dec 29 44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Shelbina, Missouri
 18. (a) Signature of funeral director H. O. Fossett
 (b) Address Mount Vernon, Mo.
 19. (a) 1/2/45 (b) Archie Campbell
(Date received local registrar) (Registrar's signature)

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? 0 (Specify type of place) (c) Means of injury
 23. Signature Archie Campbell (M. D. or other)
 Address State Journal, Wash signed 12-29-44

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

500

RECEIVED
District Health Officer No. 6,
District File Number 143-27
Date Filed JAN 12 1945

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 Max S. Trisett

Licensed Embalmer No. 4252

P. O. Address W. Vernon, 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.