

FILED AUG 6 1945
Registration District No.

Primary Registration District No. 4031

Registrar's No.

1. PLACE OF DEATH:
(a) County Bates
(b) City or town Merwin W. Rural Hwy
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Bates 7
(c) City or town Merwin 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? 1
(Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Aseenth Olive Cutshall
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife J.A. Cutshall
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug 17 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 10 4 hr. min.

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

10. Usual occupation House-wife

11. Industry or business

MOTHER FATHER
12. Name Eli Henderson
13. Birthplace Georgetown Ill
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Black
15. Birthplace Georgetown Ill
(City, town, or county) (State or foreign country)

16. (a) Informant J.A. Cutshall
(b) Address Merwin Missouri

17. (a) Burial (b) Date thereof 6-24-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westpoint Cemetery

18. (a) Signature of funeral director Archer & Mangold

(b) Address Amsterdam, Mo.

19. (a) June 23 45 (b) L.H. Mangold
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 45 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 21 1945 to June 21 1945;
that I last saw h. ev alive on June 21 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronal Hemorrhage
Duration 8 hrs

Due to Hypertension
Due to

Other conditions Demility
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy fm
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?

While at work? (Specify type of place) (b) Means of injury 0

23. Signature Basel of Astor (M. D. or other)
Address West 110 Date signed

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

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, CCX
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... L. A. Mangold.....

Licensed Embalmer No. 3610.....

P. O. Address..... Amsterdam..... 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.