

S. No. 2
 OM-5-43
 v. 5-17-39
 I X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17459**
 Registrar's No. **15**

FILED MAY 27 1946

Registration District No. **226** Primary Registration District No. **4338**

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

1. PLACE OF DEATH:
 (a) County **MONROE**
 (b) City or town **MONROE CITY**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
547 West Cleveland St /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community **56 Yrs**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **MARION** **69**
 (c) City or town **MONROE CITY**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **729 NORTH MAIN**
 (If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **JOHN DAVID UTTERBACK**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **APRIL** day **16**
 year **1946** hour **I** minute **30 P.M.**
21. I hereby certify that I attended the deceased from _____
 _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**
 6. (b) Name of husband or wife **SUSIE MOSS** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **NOVEMBER 4 1878**
 (Month) (Day) (Year)

Immediate cause of death **Coronary Embolism**
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years **67** Months **5** Days **12** If less than one day _____ hr. _____ min.

PHYSICIAN
 Underline the cause to which death should be charged statistically.
940

9. Birthplace **MONROE CITY MISSOURI**
 (City, town, or county) (State or foreign country)

10. Usual occupation **MILLER (RETIRED) 10 Yrs**

11. Industry or business **HANKINSON UTTERBACK**

MOTHER { 12. Name **MONROE COUNTY MISSOURI**
 (City, town, or county) (State or foreign country)

13. Birthplace **ELIZABETH FIELDS**
 (City, town, or county) (State or foreign country)

14. Maiden name **RALLS COUNTY MISSOURI**
 (City, town, or county) (State or foreign country)

15. Birthplace **Miss. Vallie Utterback**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Monroe City Mo**
 (b) Address **BURIAL** (b) Date thereof **4-18-46**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. JUDES MONROE CITY**

18. (a) Signature of funeral director **Wilson & Sons**
 (b) Address **MONROE CITY, MO**

19. (a) **April 17, 1946** (b) **Chas. L. Tate**
 (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? _____ (Specify type of place) (e) Means of injury **2**
23. Signature **Russell M. Wilson, Coroner** M.D. or other _____
 Address **Monroe City Mo** Date signed **7/16/46**

RECEIVED
District Health Officer No. 10
District File Number 5-46-1029
Date Filed MAY 23 1946

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 me

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

Signed Leslie L. Wilcox
Licensed Embalmer No. 3014
P. O. Address Howards 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.