

FILED JUN 24 1946
Registration District No. 224

Primary Registration District No. 372

Registrar's No. 103

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
116 E. Marion
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community All His Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 116 E. Marion 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Frank Q. T. Utz

3. (b) If veteran, name war #

3. (c) Social Security No. #

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillian Ham 6. (c) Age of husband or wife if alive Refused years
7. Birth date of deceased Aug 31 1884 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 9 5hr.min.

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

10. Usual occupation Piano & Organ Technician

11. Industry or business Tuned Pianos-Musician

12. Name Robert W. Utz
13. Birthplace Unknown W. Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Elyse Turner
15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frank Utz
(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof 6/8/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director A. Leslie Surrency

(b) Address Marshall, Mo.

19. (a) 6-8-46 (b) Mrs. Turner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1946 hour 5 minute 30 M.

21. I hereby certify that I attended the deceased from last
inquest June 8 1946 19
that I last saw h. alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy DU U

Duration
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? Y

While at work? (Specify type of place) (e) Means of injury falling

23. Signature P. L. Lewis, Coroner (M. D. or owner)

Address Main Hall Date signed 8-4-46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-19-46

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..... *J. Leslie Surrency*
Licensed Embalmer No. 3235
P. O. Address Marshall, Va

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.